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EDITORIAL.

THE NEW YEAR.

The New Year opens with the war cloud still overhanging the world, but with the men and women of the British Empire determined as ever that the fight shall be fought to a finish. And the gallant men of our Navy and Army, and those of our Allies, steeled to endurance, are carrying on the war animated by a strength and valour which no war for territorial aggrandisement can ever produce.

They are fighting, and they know it, for liberty of spirit, for the honour of their wives, sisters and daughters, for the safety of their children, for the protection of their homes, for all that they hold most dear and most sacred, and inspired with a belief in the justice of their cause, go forth to battle.

And nurses too go forth with as stern resolve as that which animates the men of the combatant army, and with as high inspiration, because they know the war they wage is a holy one. It is war on the disease, suffering, privation, death, the useless sacrifice of the lives of men, women, and innocent children which follow in the wake of war as surely as night follows day.

That they have played a noble part all will admit, but none are more painfully aware than nurses themselves that, with better organization, with the utilization of the trained and expert services available, and with a freer hand given to those qualified by professional knowledge and personal ability to give expert help, very much better work could have been done, and more valuable service rendered, than has so far been the case.

The circumscribed outlook of the heads of the Army Medical Department at the War Office permits them to rest satisfied with the organization of the Regular and

Territorial Nursing Services, the thousands of civilian nurses remain unorganized, and consequently to a great extent ineffective for war service, for preventive nursing, for the care of refugees, for all the special work which the present exceptional conditions demand.

In civilian life we have come to realize that the care of the sick and diseased is only a section, and perhaps not the most important section, of a nurse's work. Preventive nursing is of supreme importance. Its position in connection with military nursing is of equal importance, but, so far, the opportunity of demonstrating its value has not been accorded to it.

In the early days of the War the National Council of Trained Nurses expressed to the Director General of the Army Medical Service at the War Office, the opinion that the lack of domestic and nursing organization in connection with camps, billets, rations, laundry and preventive nursing had resulted in a serious amount of sickness and suffering among the recruits of the new Army; it further pleaded, in support of the scheme put forward by its President, Mrs. Bedford Fenwick, that a new Department of the Sanitary Service of the Army might be organized by the establishment of a Sanitary Nursing Service.

The uses of such a Service are indisputable. Expert nurses, with the qualifications necessary for its organization are available. Nurses of high professional attainments appreciating the necessity are ready to enter its ranks, but the official permission for the creation of such a service is lacking. The great need of the nursing world is the authority to organize its members for war service, and until this is entrusted to it the nursing profession will fall short of the best it is capable of achieving.

THE PREVENTION OF EAR AND THROAT TROUBLES IN INFANCY.

By MACLEOD YEARSLEY, F.R.C.S.,

Senior Surgeon to the Royal Ear Hospital; Otologist to London County Council Deaf Schools; Aural Surgeon to the Red Cross Hospital, Harrow-on-the-Hill, &c.

The prevention of ear and throat troubles during infancy is one of the most important branches of infant welfare. To carry out efficiently this prevention one must be equipped with a knowledge of the structure and function of the organs concerned with the sense of hearing, of those that are designed to deal with the preparation of the incoming air in respiration, and of those which, arranged about the entry to the food and air passages, form one of the most important factors of the body's line of defence against bacterial invasion. Armed with such knowledge, a vast amount of good could be done by health workers, nurses, mothers, and other persons having to do with infants, towards the prevention of diseases which, if not always fatal, may leave disabilities whose serious effects may last throughout life.

I shall, therefore, preface my lecture with a brief account of the structure and functions of the mouth, the throat, the nose, and the ear.

The mouth is a cubical cavity between the upper and lower jaws, the roof of which is formed by the hard and soft palates; the floor is occupied by the tongue, and the sides are made by the cheeks. When the mouth is closed the tongue fits closely into the dome formed by the palate. In front is the opening between the lips, whereby the mouth communicates with the outside world; behind, it opens into the throat. This opening is called the *fauces*, and has above it the *soft palate*, with its dependent *uvula*. Below, is the base of the tongue. On either side the soft palate splits to form the *pillars of the fauces*, between which lies the *tonsil*, one on each side.

Above the cavity of the mouth, and separated from it by the hard palate, lies that of the nose, divided into two *nasal chambers* by a partition, part bone, part cartilage (or gristle), called the *nasal septum*. The roof of the nose is formed by certain of the bones at the base of the skull; the floor is made by the hard palate. On the outer side of each nasal cavity are three projecting, scroll-like bones, the *turbinates*, covered by a thick membrane very richly supplied with blood-vessels, and glands which secrete a watery fluid. These turbinates project into each nasal cavity in such a manner as slightly to delay the air which passes through

the nose during respiration. The two nasal cavities open in front by the nostrils, whilst at the back they communicate with the space behind the nose and mouth.

Now it is this space behind the mouth and nose (which is called the *pharynx*) that is of greatest importance in infancy and childhood and, indeed, also in adult life. It is important throughout our life history, but most so during the first two chapters of that history. The pharynx is a space of considerable size in adult life, but is much smaller in the infant, leading from the back of the nose and mouth down to the gullet (or *œsophagus*) and windpipe. Its upper part, from its near relation to the nose, is called the *nasopharynx*, or *post nasal space*. What is especially noticeable about it is the number of passages it has leading into or out of it. In front there are two nasal cavities above and the mouth below, both of which, communicating with the outer world, can bring microbes to it. On either side of it open the two Eustachian tubes leading into the ears, whilst at its lower part are the openings of the windpipe in front, leading to the lungs, and the gullet behind, leading to the stomach. I shall return to the significance of this arrangement of the parts presently. Another important fact is that in the roof of the nasopharynx is a tonsil, called the *pharyngeal tonsil*, enlargement of which constitutes the growths so well known as *adenoids*. I may mention here that at the base of the tongue is another tonsil, the *lingual tonsil*. So that the pharyngeal, faucial, and lingual tonsils form a sort of ring of tonsillar tissue round the entrance of the food and air passages.

Before turning to the ear it will be convenient here to compare the functions of the nose and mouth. The nose serves three purposes: it contains the organ of smell; it is the natural pathway for the air to enter in breathing; and it plays a considerable part in giving resonance to the voice. It is a matter of common knowledge that when the nose is blocked, as it is during the height of a common cold, that the voice sounds very "dead," and that certain consonants, "m" and "n," are almost lost. By most people the nose is thought of only as the organ of smell, and yet that portion of it which has to do with the olfactory sense is quite small, and tucked away high up above the middle of the three turbinates, so that, in order adequately to perceive an odour, one has to sniff it well, so that the odiferous particles may reach the site of the sense. As a matter of fact, the most important work of the nose is its respiratory function. It has to prepare the air for the delicate structures of which the

lungs are composed. This preparation is threefold: the air must be warmed, moistened, and purified. The first is ensured by the fact that the air, delayed slightly in its transmission by the projection of the turbinates, by which it is thrown into little eddies, has time to obtain warmth from the rich blood supply arranged in the lining membrane. This blood supply can be so regulated as to impart the requisite amount of heat according to the temperature of the air outside the body. The plentiful arrangement of glands that is to be found in the nasal lining membrane ensures sufficient watery secretion to charge the air with the right amount of moisture, whilst the projection of the turbinates and the hairs which guard the outer openings of the nostrils catch impurities and detain them. The amount of gross impurities thus prevented from entering the lungs is evidenced by the condition of one's pocket-handkerchief after a London fog. Moreover, the nasal secretions have a certain bactericidal action—that is to say, power of killing hostile germs.

A very little consideration of the anatomy of the mouth will demonstrate how utterly unfit it is as a portal for breathing air. There is no arrangement to delay the air in its passage; no method by which it can warm, moisten, or purify it. If one goes to sleep with the nose blocked, as by a bad cold, so that breathing has to be carried on through the mouth, one wakes in the morning with that cavity dry from the taking up by the air of the little moisture it contains; the throat husky, and the windpipe clogged from the irritating effect of the cold, dry, impure air. Mouth-breathing leads to catarrh, bronchial troubles, bronchitis. It is by normal, uninterrupted nose-breathing that man is able to endure with comparative ease the heat of the tropics or the cold of the poles. The mouth is meant only to be concerned with the mastication of food and the articulation of speech; it is, as that kindly old physician, Oliver Wendell Holmes, says in one of his poems, "May be a very goodly place to put thy victuals in." Hence the evils of mouth-breathing cannot be too strongly insisted upon in the adult; they are even of greater importance in the infant.

Now let us turn to the structure and functions of the ear. The ear is essentially the organ of hearing; it also plays a part in the sense of space perception, as it contains an arrangement whereby we obtain accurate knowledge of the position of the head in space. Hence one common symptom of ear disease is giddiness, or vertigo. The ear consists essen-

tially of two parts: a delicate nerve ending, enclosed in bone, which is the perceptive portion of the organ; and an arrangement of passages, drum-membrane, and small bones, by which sound is carried to the nerve ending and there converted into nerve currents, which are transmitted to the brain and there interpreted.

This conducting portion of the ear consists of an *auricle* and an *outer passage*, closed at its inner end by a *drum-membrane*. This drum-membrane is so constructed as to be able to vibrate to any sound, differing from the parchment of an ordinary drum, which can be set in movement only by one particular note. On the inner side of the drum-membrane is a cavity—the *tympanum*, or *drum*—across which is a chain of three little bones, the *hammer*, *anvil*, and *stirrup* bones. The outermost bone, the hammer, is attached to the drum-membrane by its handle, and is jointed to the anvil; the latter is also jointed to the stirrup. The stirrup fits by its footplate into an opening on the inner wall of the drum. On the other side of this little hole is a membranous bag, containing fluid, in which are the endings of the nerve of hearing. The waves of sound pass through the outer passage and set the drum-membrane vibrating; the vibrations are passed through the chain of bones to the fluid inside the membranous bag, and so affect the nerve endings therein. The ear is, therefore, to all intents and purposes, a transformer, by means of which sound-waves are collected and transmitted and transformed into nerve stimuli.

In order that the drum-membrane may vibrate properly it is necessary that the air pressure upon both sides of it should be equal. In order that this may be ensured, a tube passes from the tympanum into the nasopharynx. This is the Eustachian tube already mentioned, and it acts not only as a ventilating shaft, but also as a drain to the tympanum. This tube, however, is also the route by which the ear becomes involved and damaged in a large number of cases of deafness.

The membranous sac of fluid in which lie the nerve endings is contained in a bony capsule of peculiar and complicated shape. Part of it is fashioned like a small shell, and is called the *cochlea*; this portion contains those endings of the auditory nerve which have especially to do with hearing. Behind the cochlea are three *semi-circular* canals, arranged in the three planes of the body, which contain the endings of that branch of the auditory nerve which are concerned with the sense of space.

(To be continued.)

OUR PRIZE COMPETITION.

STATE GENERALLY THE SYMPTOMS OF GASTRIC ULCER, AND THE DANGERS ARISING THEREFROM. HOW WOULD YOU FEED A PATIENT SUFFERING FROM THIS DISEASE?

We have pleasure in awarding the prize this week to Miss E. A. Noblett, 2nd Northern General Hospital, Headingley, Leeds.

PRIZE PAPER.

Perforating or peptic ulcer is a lesion peculiar to the stomach, the first part of the duodenum, and the lower end of the oesophagus, *i.e.*, to parts exposed to the gastric juice. The ulcer is usually single, but there may be more than one.

Symptoms.—No disease or condition may have on the one hand more characteristic, or on the other hand more ill-defined symptoms, than gastric ulcer. Taking a typical case, we may expect:—

1. Pain and tenderness over the gastric region. The pain is severe, and shoots through to the back, and is rendered worse by eating or by firm pressure.

2. Vomiting after meals. This may occur soon after food has been swallowed, but more frequently after an hour or longer. It usually gives temporary relief.

3. *Hæmatemesis* (vomiting of blood) may be very copious, and occurs in probably more than half the cases. It may be directly fatal or comparatively slight. *Melæna* (passage of blood by the bowel) is present in about 10 per cent. of the cases.

4. The appetite remains good, but the patient is afraid to eat, lest pain is set up.

5. The tongue is clean, and may be pale and flabby. There is little wasting.

These symptoms, in combination with the history, *anæmia*, and the absence of a tumour, point strongly to the presence of an ulcer. Often, indeed, the symptoms are very slight, and a copious or even fatal hæmorrhage, or the occurrence of perforation, may be the first indication of such a condition.

Perforation is indicated by the sudden occurrence, after a meal or severe exertion, or during vomiting, of intense pain in the upper part of the abdomen, with rigidity of its walls, faintness, rapid wiry pulse, pinched and anxious face. The abdomen is much distended, and fatal peritonitis may result.

On the other hand, it is not uncommon for adhesions to form between the walls of the stomach and neighbouring organs, and the ulcer, after perforating the gastric walls, burrows into the pancreas, spleen, or liver. Large vessels may be eaten into in a similar manner, and bring about a fatal issue from

hæmorrhage. Even small erosions may sometimes prove fatal in this manner. Other complications through the ulcerating process are:—

Perforation into the pleura; gastro-duodenal fistula; perforating into the lesser peritoneum, giving rise to sub-phrenic abscess.

At times the ulcer in its healing causes so much contraction and puckering of the stomach near the pylorus that an obstruction is offered to the escape of food from the stomach.

Surgical measures are called for in the event of perforation, subphrenic abscess, repeated or very severe hæmorrhage, and in cases attended with pyloric stenosis.

Diet in post-operative cases or after hæmatemesis.—Nothing is given by mouth for the first thirty-six to forty-eight hours except water in small quantities, lest vomiting appear. On the second or third day albumen in teaspoonful doses is administered, and, if borne well, broths and milk are rapidly added. When full diet is resumed after operation, a liberal diet is allowed. The important rule should be not what is eaten so much as the method of eating. The food should be eaten dry, and each mouthful should be chewed till it is fluid. The quantity will then regulate itself; too much will not be eaten. Also, saline by proctoclysis is given every five hours for the first twenty-four hours, after which time nutrient enemas are alternated with the salt solution. A mild soap and water cleansing enema should be given two hours before the morning nutritive. Nutritive enemas are usually given for more than a few days, perhaps a week or two or longer. The nutrient should not be given until all the wash water has come away, otherwise the enema may be immediately rejected.

Some surgeons substitute suppositories for nutrient enemas, and five are given per day, preceded in the morning and followed late at night by a pint of salt solution by the drop method, to supply the necessary fluid.

Rectal feeding is at best a poor substitute for feeding by mouth, and in the most favourable cases the patient is being subjected to partial starvation, and food is now given sooner and with much less hesitation than formerly. The patient is allowed tea, red wine, broths, chopped chicken, beef, lamb, potato, soup, eggs, four or five days after the onset of hæmorrhage or after an operation, and ordinary diet is gradually resumed, made up of things easy to digest.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. B. Owen, Miss S. Simpson, Miss Dora Vine, Miss Henrietta Ballard, Miss H. M. Springbett, Miss E. Mackenzie.

NURSING AND THE WAR.

Indeed nurses going to Germany are required to give up the inside of a week to conform to the formalities before their Anglo-French certificates are in order, and their passports can be viséd, and a great expense and worry they find the system as in force. In Germany nurses are not only given passports but numbers. On this page will be seen a picture of German Sisters being photographed for their passports and numbers.

THE GREAT TREK.

More and more as the War goes on we are proving the mettle of which trained nurses are made, and it is found to ring true (as those who

frostbite, clothes freezing upon them, short of food, and minus luggage, but in the end they arrived at the port of San Giovanni, and eventually were taken on board an Italian ship to Brindisi, and so came through Paris home.

No one who has passed through such an experience can ever forget it, and yet probably few would wish to have missed it. To have made the great adventure and have won through, to have got down to bed rock and seen life stripped of its veneer and subterfuges, to prove what good comrades both men and women can be when risking life, and facing death, together is to have tasted the salt of life.

The whole story of the work in Serbia is indeed one which thrills the imagination. From the



SISTERS IN GERMANY BEING PHOTOGRAPHED FOR PASSPORTS AND NUMBERS.

know them best have always had confidence it would). Indeed, there seems little that nurses will not do and dare should circumstances demand it.

The latest instance is the great trek carried out in the retreat from Serbia, in company with doctors, soldiers, refugees and Austrian prisoners, extending over a period of many weeks, and including a journey full of adventure and hardship across precipitous mountains covered with snow and ice, sometimes up to the waist in snow, sleeping in the open, at first in mud and slush, later by camp fires in the snow, often drenched and sodden with rain, their inadequate boots cut off their feet, some of them suffering from

time of the typhus epidemic, through the trying period of inaction when the hospitals were waiting for the expected influx of wounded, during the great rush which followed the fighting, the evacuation of the towns, and with them the hospitals, and finally the story of the great retreat is one which can now be told only in part, gathered up from members of units who have arrived home, and who relate their adventures with the utmost modesty. Some day we hope the whole story will be related by some one with the knowledge, discernment, and literary ability to do it justice, for we doubt if ever the powers of endurance of nurses have been tested more severely.

The units which have been working in the Balkans are those in the north at Belgrade, which only retired after they had been under heavy fire, and that with Dr. Mereweather at the Eastern Auxiliary Hospital. Mrs. Stobart's party at Kragujevatz, part of which were detached to staff a field hospital which accompanied the Serbian Army, the British Farmers' Hospitals, the staff of the second hospital only leaving Jagodina after the hospital had been shelled, and a nurse wounded, the unit sent by the Wounded Allies Relief Committee. The Scottish Women's Hospitals in charge of Dr. Elsie Inglis and Dr. Alice Hutchison, both apparently remained at their posts, and with Mr. Berry's unit, which is believed to have remained at Vrnjatska Banja, Dr. Aspland and some of the staff of the Wounded Allies' party, and Major Banks, of the British Red Cross unit, are now probably in the enemies' hands. Dr. Clemow, with the unit from Montenegro, made his way to San Giovanni, but the Italian ship which brought so many members of the various units to Brindisi was unable to bring them, so they had to wait for another opportunity, but have now arrived.

Amongst those who have returned with the party escorted by Sir Ralph Paget from San Giovanni to Brindisi whom we have had the pleasure of meeting are two members of the Danish Council of Nurses—Sister Christopherson, trained at the Svenborg Hospital, and afterwards Sister at a private nursing home in Copenhagen, and Sister Bjorun, trained at the Kommune Hospital, Copenhagen, and recently Sister in the Bispebjerg Hospital.

These Sisters went out with a Danish Ambulance last July, the party consisting of five doctors, and seventeen nurses, who went to Serbia at the request of the Government to nurse in Serbian Hospitals. They stayed in Nish for a week and then formed part of a unit of a doctor and four Sisters sent to Kragujevatz to work in the old Serbian Hospital, with a Serbian doctor and two Austrian doctors (prisoners). They also had Austrian orderlies. The lesson was brought home to the Sisters that an Ambulance giving assistance to a foreign country in war time should take out its own equipment as was done by the English missions, as they were much handicapped by the need for appliances and medical comforts. They referred to the terrible bedsores they had seen which added greatly to the sufferings of the patients, and were even the cause of death. In some instances they were of enormous size, and gangrenous, such as nurses never see in ordinary hospital or private experience.

On October 1st, they left the Serbian Hospital, and joined the Stobart Hospital in Kragujevatz, in the New Barracks, where Dr. May was Medical Director, the capacity of which was 500 beds. Mrs. Stobart they did not see as she had gone off with a field ambulance. They stayed here for three weeks, working night and day as the wounded poured in. They then had orders from the medical chief of the head military quarters

that they must leave as the Germans were approaching, though, said Sister Bjorun, they did not at first understand the urgency of the position, and what was involved. The first party left on October 22nd and the last on October 25th. A Serbian gentleman, Professor Tchurchin, a Doctor of Philosophy was deputed by the Serbian Government to travel with the party consisting of about 30 persons—medical men and women, nurses, orderlies, and cooks—and to see them out of the country, and his help and kindness were of the greatest value.

From that time onwards their story is one of hardship and risks, cheerfully endured, and heroically met, as they were moved on from one halting place to another by the direct orders of the medical chief at the head military quarters. They left Kragujevatz on October 22nd, and it was not until the middle of December that they reached San Giovanni and boarded the steamboat which brought them to Brindisi. Sometimes they slept under cover, as in a monastery at Studenitza, a most lovely place in the mountains, where, during the night they heard the Serbian Army, retreating from Kralievo, go by. They had to go on early the next morning, leaving the greater part of their stores at the monastery. Sometimes they camped in the open, in pouring rain, and another time were drenched in a blizzard, so that they were compelled to take off most of their wet clothes and wrap themselves in damp blankets. Over the icy passes of one range of mountains and down into the valley, only to climb another range, washing in icy streams at 5 o'clock in the morning, seeing pack horses struggling in the torrents, or perhaps falling over a pass into the ravine below, living on two meals a day, consisting for the most part of tea without milk or sugar, and maize or black bread, travelling in blouses, hoods, putties, and gloves which they fashioned out of blankets, hurried on because only five miles separated them from the Bulgarian front—at last they arrived at Podgoritza on December 11th, where they slept twelve in a room, where there were beds with sheets, six in the beds and six on the floor, and so to Scutari, where the British Consul came to greet them, and on to San Giovanni and the steamer.

Talking to these Sisters in a comfortable London room and listening to the story of their distressful journey, told in the simplest way, it seemed almost impossible to realise that within the last few weeks they had been climbing icy mountains in the Balkans, living on the meagrest rations, with Albanian bullets whizzing along the path they were traversing. But we may be proud that nurses have proved that they possess the pluck and grit which enabled them to win through.

We regret to learn that one Sister was seriously wounded in a shooting affray on the mountains and was carried to a Serbian hospital, and left in Mitrovitza in a very critical condition, two doctors and a nurse remaining with her, and Dr. May also stayed with a nurse left in a hospital in Rome as she was not fit for the journey to England.

We are exceedingly indebted to the Serbian nurses who have been working in Serbia, in connection with the Serbian Relief Fund, have safely arrived at home:—

December 22nd.—Miss Bird, Miss Downer and Miss Stewart (Stobart Hospital), Miss Bunyan, Miss Helsey and Miss Spooner (Christitch).

December 23rd.—Misses Collins, Hall, Henley, Hill, Kennedy, Price, Smith-Lewis, Wren and Wells, and three Danish Sisters.

We hope they spent a happy Christmas after their arduous experiences.

We regret to record the death of Miss Lorna

Serbia's medal and diploma have been sent to the nurse's parents. Much sympathy will be felt with the parents and relatives of the deceased nurse, whose life has been laid down in the discharge of her duty.

The hospitals in Egypt are all very busy again, many cases of frost-bite from Salonica, Serbia, and the Dardanelles arrive at Alexandria. Convalescent cases were greatly excited recently at the chance of being in England by Christmas Day. We were glad to note that a large number of sick and wounded arrived at Plymouth from the Near East just in time for this day of festivity.

It appears to us that even the Sphinx looks surprised at this picturesque party of British nurses enjoying a ride in the desert. It is certainly a very novel sight.

At the last Council meeting of the Australian Trained Nurses Association, Dr. Constance D'Arcy drew attention to the gossip which was current about Army Nurses in Egypt—gossip which seemed to grow stronger each day, notwithstanding the most authoritative denials. It was decided



EVEN THE SPHINX LOOKS SURPRISED.

Ferris—trained at the Seamen's Hospital, Greenwich—while on nursing service in Serbia, from enteric fever. Writing to her parents, Dr. Percy Dearmer says that "in camp she had won the affection and esteem of all, and was one of the best, most willing and efficient nurses." She was buried with full military honours, and H.R.H. the Crown Prince of Serbia was represented by his secretary and the Captain of his Bodyguard.

The service was conducted by the British chaplain in the Cathedral at Kragujevatz, by special permission of the Metropolitan of Belgrade, this probably being the first time in history that an English service has been held in a church of the Eastern Orthodox Communion. The King of

that the Association should send a communication to the press, repeating what had been said by Colonel Fetherston at the meeting of Army Matrons in Melbourne. Colonel Fetherston asserted most emphatically that there was not the slightest atom of truth in the allegations of misconduct on the part of Australian nurses in Egypt. Miss Creal, the Acting Principal Matron in Sydney, confirmed at the Council this statement of the Director-General, and "it is sincerely to be hoped," says the *Australasian Nurses' Journal*, "that we shall hear no more of these cruel tales behind the backs of women who are working valiantly for their country."

We echo the hope.

FRENCH FLAG NURSING CORPS.

It is proposed that the following Sisters will leave for France on Friday, Dec. 31st:—Miss Lillian M. Jefferys, cert. Westminster Hospital, London; Miss Annie I. Osler, cert. Royal Infirmary, Edinburgh; and Miss Edith R. Patch, cert. East Sussex Hospital, Hastings.

Since Miss Ellison's return to Paris she has been busily engaged interesting the Ministry in the scheme for the organisation of a School of Nursing for educated young Frenchwomen, which it is proposed to found during the war in a military hospital, to be developed on regular civil lines when peace permits its development. Great interest is being evinced in the suggestion by influential Frenchwomen.

We have to thank several units for very kind letters and cards from France on Christmas Day. We hope our good wishes reached their destinations in time. Miss Haswell was a welcome guest at Talence for the Christmas season, where we hope the theatricals in French were a great success.

We hope to hear of the safe arrival of the Canadian Unit before our next issue. They are to have a warm welcome when they arrive in London, and will be shown all the sights possible in the short time at their disposal before going to France. Miss Hulme and Miss Kent, recently returned from Canada where they were so kindly received will, with other members of the National Council of Nurses of Great Britain and Ireland, act as cicerones—London is a big place to see in a few days.

The workmen of Elswick and Scotswold Ordnance Works, Steel Works, and Engine Works, Newcastle-on-Tyne, have sent with compliments and good wishes, a most useful consignment of goods to Hospital Jules Ferry, Lisieux. Sister Horan writes:—"One case contains games and amusements, another surgical instruments, theatre table and many other useful articles." Lisieux has been in luck's way recently, as half the consignment of bandages and shoes sent from Queen's Mary's Needlework Guild War Hospital Supply was given to Lisieux, and the other half forwarded to Sister Hawkins at Evreux.

We have to thank Miss E. R. Maudling for 6 pairs knitted socks, 4 pairs mits, and 5 beautiful mufflers, and Miss E. Berst, for 2 pairs socks, 1 pair gloves, and 2 mufflers; per Mrs. Jenkins: fine old linen, 1 dozen handkerchiefs, 6 pantry towels, 2 pillow cases, 2 dusters, scented soap, 4 bottles scent and 1 packet cigarettes. Scented soap is highly prized, also cigarettes and tea. Miss Hunt, 9 pillow cases, 2 pairs socks, 2 pairs mittens, 1 woollen scarf, 22 khaki handkerchiefs, 12 arm bandages, 10 rubber bandages, 1 belt, 2 circular rubber cushions, and unbleached calico.

TO GLORIFY A WOMAN.

The eloquent address of M. Léon Baylet, delivered at the Athenæum Municipal, Bordeaux, in honour of Miss Edith Cavell, at which members of the French Flag Nursing Corps represented the British nursing profession, was a masterpiece of eloquence. In the course of it M. Baylet said:—

Before you, Mesdames and Messieurs, gathered here in an ardent crowd, with hearts constricted with an inexpressible emotion which causes our speech to falter, we come to glorify a woman—an Englishwoman—an English nurse, whose simple straightforward life, clear as a radiant spring day, was passed at the bedside of the sick, in the tenements of the poor, a woman who only wished to have as her family the poor, the wounded, the old, the children, those who wept and those who suffered, a woman almost unknown outside her own intimate circle, and whose name suddenly, on the day after her death, and by that death itself, has been carried by Glory far and wide, beyond time and space, to the highest place in the remembrances of mankind.

After thanking many distinguished officials and guests for their presence, M. Baylet said:—Monsieur, the English Consul, you have your place of honour reserved here since we are assembled to honour the immortal memory of an English woman. I salute you, Monsieur the Consul, representative of the great English nation which fights by our side in Flanders, in Artois, in the Dardanelles, at Salonika, in Serbia, and on the high seas, pouring out its blood for the liberty of the nations. Ah, it is in vain that the Germans by their perfidious calumnies try to sow the seeds of suspicion and dissension between France and England. The entente cordiale established by Edward VII has become a fraternal alliance cemented by blood. We are keenly desirous of being your allies, Englishmen. Since to save Belgium, you came to take your place at our side, victory has never been in doubt...

It was Florence Nightingale who endowed the rôle of hospital nurse with a nobleness and grandeur unknown till then. This career, until then considered repulsive, inferior, became a career of honour into which the daughters of the aristocracy entered, perhaps to become professional nurses, or perhaps as voluntary workers for some years.

Miss Cavell stands out henceforth as the purest, most accomplished type of Englishwoman, noble, courageous, brave, who thought herself neither the inferior nor the superior of man, but who wished to be his equal; of the Englishwoman who, having no time to create a hearth of her own, took thought with admirable devotion to abolish the miseries of others.

But Miss Cavell does not only personify the Englishwoman—the English nurse; by her martyrdom she personifies women of all countries. In whom shall we find better the incarnation of the rôle played by women since the outbreak of

War? With what devotion have they lavished their silent heroism!

To their country they have given that which they hold most dear—their husbands, their lovers, their children. They have shed tears over those who have fallen on the field of honour. No word of regret, of discouragement, has passed their lips. They tremble with anger against those who speak of a premature peace—a peace which would only be an armistice, a peace which would allow the Kaiser and German militarism to triumph.

The life and the death of Miss Cavell teach us that in support of a great cause one has never given enough when one has not given all. Like her, we will give to our country our soul, our reserve of money, our life itself, if it is necessary for the triumph of justice.

We will remain faithful to her memory during the War, after the War.

Like her, we will school ourselves to have for our enemies no hatred, no bitterness. . . . On her tomb, we will plant the olive whose branches symbolize the ideal of peace for which Miss Cavell died.

But, if we are ready to pardon our enemies, we will never consent to extinguish in our hearts the hatred we have against evil, against misery, against war, against those who have made rivers of blood to flow.

We can never forget that thousands of young heroes, the flower and hope of humanity, have fallen, that their bones whiten the plains and the mountains. We cannot forget that women and orphans mourn for ever their sons, their husbands, their fathers. We cannot forget that legions of mutilated ones wander in the streets, touching our hearts with inexpressible pity.

And we know that if all these evils have been let loose upon the world, if there are rivers red with blood, it is the Emperor of Germany who has willed it, decreed it, that it is he who is responsible. It is he, with his son, his sons, his caste of cruel officers, his perfidious diplomatists . . . it is he who is the supreme culprit.

While this man remains unpunished there can be no peace in the world.

England, France, Russia, Italy, united by the Convention of London, cannot, ought not, to consent to return the sword to its scabbard so long as the Head of the Hohenzollerns is not chastised.

"And you, Miss Cavell," said M. Baylet; "they have interred your body in a miserable grave, like that of a criminal, and your immortal soul is poised in ethereal spheres. You are a martyr; you appear to announce a new world. You raise our heart to the level of sacrifice . . . You enter immortality with the numberless legions of those who have died for their country. It is in you that the Allied nations possess the necessary force to drive the struggle to conclusive tests, to the day when we shall avenge our dead, to the day when by victory we shall end this horrible war, and establish in the world the triumph of liberty and the brotherhood of nations."

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in the home hospitals:—

Temporary Hospital, Skinnergate, Darlington.—Miss M. Watt Allen.

V.A.D. Hospital, The Towers, Theydon Bois, Essex.—Mrs. M. Brown.

V.A.D. Hospital, North Deighton Manor, Wetherby, Yorks.—Miss M. Yell.

Fairview Hospital, Chigwell, Essex.—Miss M. E. Goode.

V.A.D. Hospital, Wallfields, Hertford.—Mrs. Scott.

V.A.D. Hospital, Earl's Colne, Essex.—Miss F. Clayton.

V.A.D. Hospital, Crawley Down, Sussex.—Miss M. E. Wood.

Auxiliary Hospital, Arnot Hill, Daybrook.—Miss M. Jackson.

St. George's Hospital, Willesden Lane, N.W.—Miss R. Gunn.

Canadian War Hospital, The Beach, Walmer.—Miss E. Ritchie.

9, Eastern Terrace, Brighton.—Miss E. Mahony.

Coombe Lodge Hospital, Gl. Warley, Essex.—Miss A. A. Grennan.

Foremark Hall, Repton, Derbyshire.—Mrs. Dowse.

V.A.D. Hospital, Massandra, Weymouth.—Miss M. E. Townsend.

Farnborough Court Military Hospital, Farnborough.—Mrs. Jacobs.

Highbury House, Birmingham.—Miss M. E. Jenkins.

Divisional Clearing Hospital, Bedford.—Miss F. Macdonald.

Auxiliary Military Hospital, Brook House, Ivenshulme.—Miss M. E. Price.

Red Cross Hospital, Gloucester.—Miss M. Wilkins.

ABROAD.

The following Matron and Sisters have been deputed for duty abroad:—

Arc en Barrois.—Miss K. M. Moore, Matron (cert. Guy's Hospital). She has had wide experience both at home and abroad.

Duchess of Sutherland's Hospital, Calais.—Miss G. L. White, Miss M. Greave.

St. John's Brigade Hospital, Etaples.—Miss E. Gordon Grant, Miss V. Hartwell.

Isle of Wight Field Hospital (Mme. O'Gorman's), Bergues.—Miss W. Norris.

Mr. Will Crooks, M.P., told a characteristic story the other day at the diamond jubilee meeting at Poplar Hospital. He said that the day before he set out on a visit to our troops at the front, he called in at a school close to the hospital, and asked if they had any message to send to our gallant soldiers. At first there was a pause. Then a little girl's voice piped up, "Tell 'em, Mr. Crooks, that we can sing 'God save the King' as well as they can."

PROFESSIONAL REVIEW.

HANDBOOK OF MASSAGE FOR BEGINNERS.*

The Text Book of Massage, by Miss L. L. Despard, Member and Examiner Incorporated Society of Trained Masseuses, the author of the book now under review, is well known. In her preface she tells us the reasons which led to the compilation of "Massage for Beginners."

"A few months ago it was suggested to me that now, when so many people are learning to the wounded soldiers, a small book on the subject, simply written, would prove of use." At the same time she lays emphasis on the fact that "while there is, and will be for a considerable time, a great need of massage treatment for our wounded soldiers, and for those discharged as unfit for future service, it is very essential that it should only be carried out by those who have obtained the massage certificate of the Incorporated Society of Trained Masseuses, or that of a recognised training school. The minimum time of preparation for the former examination is six months, a period which is all too short when one considers the amount of anatomy, theory of disease, and theory of massage which must be learnt in order to carry out the practical part of the work intelligently and with success. It should also be borne in mind by those who are anxious to help the wounded in this way, that many of the cases require the most skilled manipulation, and that their treatment should only be undertaken by or under the supervision of very experienced workers."

The author explains that massage (from the French *masser* = to knead) is "the scientific manual application of certain movements, such as *effleurage*, *stroking*, *pétrissage*, *kneading*, and *tapotement*, to the human body, by which morbid conditions of the tissues are relieved. The practice of massage should only be undertaken by educated persons who, both by nature and

training, are qualified for the work. The natural qualifications are health, soft, dry, well-covered pliable hands, a sympathetic 'touch,' trustworthiness, refinement, kindness and tact."

The book deals briefly with "the influence of massage" on the nervous system, which it profoundly affects (this influence may be either stimulative or sedative, producing relief of pain and of nervous irritability), the blood vascular system, the lymph vascular system, the respiratory system, digestion, elimination, the muscular system, and bone. The classification and description of the various movements next follow,

including passive movements, active movements, and gymnastic positions. The five fundamental positions are standing, sitting, kneeling, lying, and hanging. A number of other positions, known as *derived positions*, arise from these.

By the courtesy of the publishers we are able to print the pictures illustrating this review, the first being that of a patient in the hanging fundamental position. In this position "the patient grasps a bar, broom, or some similar apparatus, fixed at such a height that the feet do not touch the ground while that patient is suspended. The hands should be slightly more than the width of the shoulders apart. They are pronated in making the grip. The arms, trunk, and legs are fully extended. The head is held erect or may be thrown slightly back.

"In this position the shoulder and arm muscles should work to some extent to prevent the entire weight of the body coming on the hands. The muscles

engaged in maintaining the position are the flexors of the fingers, and the muscles just mentioned."

A clear description is given both of the methods employed in giving general massage, and also massage of sections of the body for various diseases and affections, injuries or deformities.

A chapter is devoted to the application of massage in functional disorders of the nervous system, such as *neurasthenia*, *neuralgia*, *neuritis*, *writer's cramp*, *chorea*, and *insomnia*.

A particularly interesting chapter at the present time is that devoted to massage in cases of bullet and shrapnel wounds, frostbite (so-called), and



HANGING. FUNDAMENTAL POSITION.

* Henry Frowde and Hodder & Stoughton, Oxford Press Warehouse, Falcon Square, London, E.C. 6s.

traumatic neurasthenia, in which it is pointed out that "some of the direct results of bullet and shrapnel wounds are: fractures of various kinds, compound, complicated, and comminuted; injuries to muscles, which may be partly torn away; rupture of blood vessels, and outpouring of blood and lymph into the neighbouring tissues; injuries to tendons, which may be divided, or which may become involved in the scar tissue—the tendon then becomes adherent to the neighbouring structures, and movement is restricted; injuries to nerves. As the bullet passes through a part it may sever a nerve and cause paralysis of the parts supplied by it. In other cases there may only be temporary paralysis, caused by shock to the nerve or pressure upon it due to inflam-

of the structures to each other, due to the formation of scar tissue, was prevented. In this case the extensor muscles of the wrist and fingers responded well to stimulation with a mild faradic current, one electrode being placed above and the other below the wound.

"For cases of this kind, where there is an open wound, a useful contrivance for keeping the wrist in position is shown in the accompanying illustration. It is made of elastic, and keeps the hand in good position without touching or entailing any pressure on the forearm."

There is a chapter on lubricants, fomentations, bandages; and medical electricity is also briefly dealt with.

We can cordially recommend this useful handbook.

GOODWILL TOWARDS MEN.

Never before at Christmas-time have both our civil and military hospitals contained representatives of so many countries, and everyone has endeavoured to show them how happy a Christmas spent in hospital can be.

The King and Queen have sent gifts to various hospitals; and Queen Alexandra gave great pleasure by being present with Princess Victoria at Divine Service on Christmas Day in Queen Alexandra's Military Hospital Chapel, Millbank; and afterwards visiting the sick and wounded officers and men in the hospital. On Tuesday, Her Majesty was present at the Pageant of Saints, arranged by the Women's Hospital Corps, which passed through the wards, bearing the names of Saints, at the large military hospital, in charge of medical women, in Endell Street, W.C., where the Royal party was received by Dr. Flora Murray and Dr. Louisa Garrett Anderson.

Nowhere was the season observed with greater enthusiasm than in the Territorial Hospitals, both in London and the country. Nothing can be too good for our sick and wounded men, and everyone combined to demonstrate this to them. Thus—to mention only two—clever fingers had transformed No. 1 Hospital, Camberwell, into a vision of beauty; and at the 4th Southern General Hospital, Plymouth, the New Zealanders had a right royal time.



APPLIANCE MADE OF STRONG ELASTIC, FOR OVER-CORRECTING THE POSITION OF THE HAND IN A CASE OF DROPPED WRIST.

mation. Sometimes nerves are involved in scar tissue, and paralysis, complete or partial, of the muscles supplied by it may result; pain also is caused by dragging of the tissues on the nerve."

One of the effects to be counteracted is dropped wrist, and our illustration shows an appliance made of strong elastic, for over-correcting the position of the hand in a case of this kind. A case is described in which "the injury was due to a wound in the forearm, not healed when the treatment began. The dressing was just large enough to cover the wound so that the parts near it could be manipulated. Gentle frictions were carried out here in order to promote a good circulation. By this means, and by movements of the fingers and wrist, matting and adherence

THE CARE OF THE WOUNDED.

The Bedford Centre of the St. John Ambulance Association, of which Her Grace the Duchess of Bedford is President, and Mrs. Alfred Paine, Hon. Secretary, Treasurer, and Superintendent, is exceptionally well organised, and the annual report gives us an insight into some of its activities. A depot has been opened for a department of work in which the centre has specialised, and a room rented where the soft slippers and flannel boots made according to the design of Mrs. Alfred Paine are prepared and given out to various working parties in the town and neighbouring villages, and to helpers who prefer to work at home. Over 10,000 pairs have already been made, and gratefully acknowledged by many hospitals at home and abroad. Valuing these at 2s. a pair this means that over £1,000 worth of slippers have been sent out, representing a large amount of work. The material of these slippers has cost under £250. That means good business.

During the epidemic of measles and pneumonia among the soldiers of the Highland Division quartered in the town last winter very generous and valuable assistance was given by members of the Centre in the form of gifts of invalid food, pneumonia jackets, garments and linen, and willing helpers gave up time to assist with the cooking and food at Wharfedale.

The ordinary and much appreciated work of the Association in supplying gifts of nourishing food for the patients of the District Nurses in the town has not been neglected. The demands on it increase owing to the growth of the town and the increased number of patients, many of whom are the result of the War, and its resources are taxed to the utmost.

The work of the Royal Army Medical Corps, at home and abroad, has got to be realised at its true national value; in the meanwhile, like the rest of those who have sacrificed self for the Empire's good, the men of the R.A.M.C. can do with help and kindness. Mrs. Charles Gibbs, assisted by a committee of ladies, in response to an urgent appeal from headquarters, proposes to open a depot at 23, Upper Wimpole Street, London, W., for the reception of comforts for the men who are on active duty on the several fronts. The authorities ask urgently for scarves and mittens, and there is a pressing need for socks, shirts, cigarettes, tea, and other things. The comforts will be forwarded periodically to the R.A.M.C. Central Committee, at Millbank. If any ladies desire to meet together to work for the depot, Mrs. Gibbs will be happy to arrange for sewing meetings to be held at her house.

It is reported that German physicians and officers have recently completed a tour of Belgian cities for the purpose of inspecting municipal and other buildings that would lend themselves to conversion into large hospitals. Complete

equipment has been ordered from Germany. This points to the expectation in the near future of a flood of wounded from the West.

APPOINTMENTS.

MATRON.

Woolwich and Plumstead Cottage Hospital, Shooter's Hill.—Miss Isobel A. Graham has been appointed Matron. She was trained at the Royal Victoria Hospital, Bournemouth, and the Royal Free Hospital, London, and has been Sister at the Fountain Fever Hospital, Tooting, and the General Hospital, Cheltenham, and Matron of the Cottage Hospital, Moreton Hampstead. She has also had experience of private nursing at home and in India.

Birmingham and Midland Hospital for Women, Showell Green Lane, Sparkbrook.—Miss Margaret Cuss has been appointed Matron. She was trained at St. Thomas' Hospital, London, and has been Charge-Nurse in St. Thomas' Home, Matron at the Teignmouth Hospital, and Matron at the Royal Albert Hospital, Devonport.

North Lonsdale Hospital, Barrow-in-Furness.—Miss Frances Creaser has been appointed Matron. She at present holds an appointment at the Seaside Hospital, Seaford, Sussex.

NURSE-MATRON.

Infectious Hospital, Cirencester.—Miss E. Cleary has been appointed Nurse-Matron. She was trained at the Hendon Infirmary, London, and has held the position of Head Nurse at the Sanatorium, Southall, and the Grove Hospital (M.A.B.), London, and of Deputy Matron at the Sanitary Hospital, Bournemouth.

SUPERINTENDENT NURSE.

Newark Union.—Miss Millicent Fitchett has been appointed Superintendent Nurse. She was trained at the Bagthorpe Infirmary, Nottingham.

SISTER-IN-CHARGE.

Government Munition Factory, Hayes, Middlesex.—Miss L. Barrett has been appointed Sister-in-Charge. She was trained at Crumpsall Infirmary, and the City of London Lying-in Hospital and has had experience of private nursing. She is a certified midwife, and a certificated masseuse.

SISTER.

The Infirmary, Plymouth.—Miss E. Russell has been appointed Sister of the Theatre and Children's Ward. She was trained in the same institution and has been Sister at the Ashton-under-Lyne Infirmary, and Night Sister at the Oldham Union Infirmary.

Bucknall Hospital for Infectious Diseases, Stoke-on-Trent.—Miss M. Ward has been appointed Sister. She was trained at the Cork Street Fever Hospital, Dublin, and at the Drumcondra Hospital in the same city, and has held the position of Night Sister in the former institution.

Miss K. Harris has also been appointed Sister. She was trained at the Ashley Sanatorium, where she was afterwards Staff Nurse, and at the Isolation Hospital, Mitcham.

General Hospital, Tunbridge Wells.—Miss Ethel L. M. Watts has been appointed sister. She was trained at the Prince of Wales Hospital, Tottenham.

HEAD NURSE.

Bromsgrove Union.—Miss Matilda S. J. Arundel has been appointed Head Nurse. She was trained at Salop Infirmary, Shrewsbury, and has been Superintendent Nurse at Totnes Union, and Head Nurse at Bridport, Reduth, and Halstead Unions.

Union Infirmary Lichfield.—Miss E. Woodward has been appointed Head Nurse. She was trained at the Birmingham Infirmary, after which she held a post in the Launceston Infirmary, and has held the position of Superintendent Nurse at the Union Infirmary, Chester-le-Street.

NURSING ECHOES.

The Winter General Meeting of the League of St. Bartholomew's Hospital Nurses will be held in the Clinical Theatre at the Hospital on Saturday, January 22nd, at 3 p.m. Two interesting items on the agenda are: (3) To receive a Report from Miss E. M. Musson, Principal Matron, 1st Southern General Hospital, on Territorial Nursing in the Midlands; and (4) Miss Bryan will give a short account of Air Raids and the Work of the National Guard. After the business meeting, there will be a social gathering in the Nurses' Sitting Room, at which there will be a Gift Table, the contributions to be sent to No. 1 General Hospital, Camberwell. Miss E. H. Musson, Sister of Hope Ward, will receive the gifts, if members would like to send them in advance.

SUGGESTIONS FOR THE GIFT TABLE.

Handkerchiefs, bath towels (1½ yards long), scarlet blankets, huckaback towels, cushions and washing covers, damask locker cloths (24 by 18 ins.) kit-bags of holland and red braid, tray cloths (double damask, 22 by 18 ins.), small table napkins, rubber hot water bottles with covers, mufflers, soap, writing-paper and post-cards, pens and pencils, cigarettes, matches, pipes and tobacco, flower vases, jaconet pillows, white sewing cotton, narrow white tape, and safety pins.

We are glad to note that Miss E. M. Cancellor, Chairman of the Executive Committee of the National Union of Trained Nurses, agrees with us that registration of nurses must precede protection of uniform. Miss Cancellor writes in a letter to the press:—"Until the State takes steps to recognize and regularize

the position of the nursing profession, it seems futile to discuss the external appearance of nurses."

Mr. Gilbert Barling, Vice-Chancellor of the University of Birmingham, has retired after twenty-four years' service as honorary surgeon to the General Hospital, Birmingham, and has been presented with a portrait of himself, which is to adorn one of the rooms. In an illuminated address, a record of Mr. Barling's excellent work at the hospital was also presented to him. The General Hospital suffers a great loss by Mr. Barling's retirement, and no class will regret it more than the nurses, as he has done so much to enhance the hospital's reputation, not only as a medical, but as a nursing school. The system of nurse training at this great Midland hospital is second to none—not excluding our metropolitan schools—and that this good practical result has been attained is largely due to the high ideals of womanhood always set before the nurses by Mr. Barling. THE BRITISH JOURNAL OF NURSING offers the sincere thanks of the profession as a whole to Mr. Barling for his generous attitude towards it, and wishes him many years in which to enjoy some well earned leisure.

Many prominent citizens recently attended a representative meeting at Johannesburg, when the raising of a fund in honour of the memory of Nurse Cavell was approved. The fund will be appropriated, firstly, for the assistance of nurses on the Rand who have served during the war, and for whom no adequate provision is made. Secondly, a memorial of the declaration of peace will be perpetuated, which will provide assistance to nurses who are incapacitated from following their profession. It will also be in honour of the memory of Miss Cavell. The Works Committee of Johannesburg Municipality also have been requested to name a prominent street after Miss Cavell.

The Central Committee for National Patriotic Organizations have just issued in pamphlet form "The Case of Edith Cavell," written by Mr. James M. Beck, formerly Assistant Attorney-General of the United States, in reply to Dr. Albert Zimmermann, Germany's Under-Secretary for Foreign Affairs, and published in the *New York Times* on October 31st. The committee are prepared to supply the pamphlet at £3 for 1,000.

The care which must be exercised by nurses in asylums was exemplified at an inquest at the Wakefield Asylum recently on the body

of a woman, aged 39, who died as a result of being scalded during the absence of the nurse, who, after drawing hot water into the sink, left the kitchen, and the patient came in and splashed herself with it. The Medical Superintendent, Professor Bolton, said that the nurse had been guilty of an indiscretion in leaving the kitchen without turning out the patients or locking the door.

The jury returned a verdict that the patient died from shock due to accidental scalds by placing her arms in a sink of hot water, through the indiscretion of the nurse in leaving the kitchen unprotected.

We have received as a gift from Miss L. L. Dock a most lovely book, "The House in Henry Street," by Lillian D. Wald, R.N., illustrated with most charming etchings and drawings by Abraham Phillips.

As head of the Henry Street Settlement, on the East Side of New York City, Miss Wald has for twenty years watched the transforming miracles which have contracted centuries into years, and made American citizens of Jew and Hun, Armenian and Slav. She tells from the American side the human story of immigration. Under her guidance this Settlement, with its wonderful organization for district nursing, and its range of activities, almost as wide as the needs of mankind, has become a sort of moral galvanic battery of constructive social ideas. We have happy memories of a day spent at the Settlement with Miss Dock years ago, and shall review the book, which tells of the marvellous record of women's triumphant service to the American nation and humanity, with sincere pleasure.

Miss Dock has retired from her very active work in New York, to live at her old home in Pennsylvania. She writes:—"We were really not disappointed, but very much encouraged and delighted, by the big vote in the State of New York (on women's suffrage), so much bigger than we had anticipated. The work with Congress is now the important thing, and we have back of that the *political power* of the four million women voters of the West, who have served notice on Congress that they will vote against the dominant party until it passes a suffrage resolution to go before the State Legislatures as an amendment to the United States Constitution. The advantage of pressing that is that no step gained can be lost—it stands until the next step can be taken, while in the State campaigns, losing means going back to the bottom of the ladder again." With Miss Dock

suffrage is always first—we agree it is the bed-rock of liberty of conscience and action.

TRAINED WOMEN NURSES' FRIENDLY SOCIETY, 431, OXFORD STREET, LONDON, W.

CIRCULAR TO MEMBERS.

The issue of the following circular has been authorized by the Committee of the T.W.N.F.S.:—(All members of the T.W.N.F.S. are asked to read this very carefully, as failure to do so may involve them in a breach of the rules, and may give trouble to the Society.)

The Insurance Card enclosed herewith is for your use during the six months January to July, 1916. The stamped card which you have been using for the period July to December, 1915, should be sent up to this office on or about December 31st. Under no circumstances must you delay sending in your stamped card. Remember that, together with your card, you should send your Insurance Book, placing the two together in the envelope provided for the purpose. You must not seal down the envelope but must simply tuck in the flap; you must not under any circumstances enclose a letter with your book and card, as under the New Postal Regulations a 2d. stamp would then be needed. If you find it necessary to write to us you should either write a post card or a letter separately, and not enclose your book and card. To notify a change of address, if any, it is sufficient to cross out the old address, and write the new one on the space provided on the inside of the cover.

Members are asked to bear in mind that the receipting of the insurance books always takes several weeks, and they are only giving themselves and the office unnecessary trouble by asking when the insurance book is going to be sent back. There is no need for such enquiries to be sent unless the book is delayed more than a month, which is very rarely the case. The great majority of books are returned about a fortnight or three weeks after they are received.

It is essential that members who fall ill should notify the Society immediately, and members who delay doing this render themselves liable to a fine. This is most important, and the Committee appeal to you to take due notice of this rule. Members receiving sickness benefit must send a medical certificate *every week* and the benefit will be paid weekly.

The Committee hope that every member of the Society will do her best to make the advantages of the Society known among her fellow workers. The prosperity and stability of the Society can only be secured by increasing the number of healthy members, and it is therefore to the direct interest of every member to secure as many new members of the Society as possible. The Secretary will be delighted to send particulars of the Society to any person writing a post card asking for the same

PRACTICAL POINTS.

THE PROBLEM OF BED PAN COVERS.

We quote the following from the correspondence from *The Modern Hospital*:

A SYMPOSIUM.

So fundamental and apparently simple a problem as a covering for bed pans in transit has not yet been solved. A number of inquiries have recently come to *The Modern Hospital*, asking about a bed pan cover that would meet all the requirements, and the subject was deemed of sufficient importance to justify a little symposium.

We, therefore, sent out inquiries to a few good hospitals, and below are published some of the replies, which, by the way, are not very satisfying.

It is recognised that the following conditions must be met in a bed pan cover:

1. It must be sterilizable.
2. It must be practically noiseless.
3. In proportion as it prevents the diffusion of odours along corridors, it will be the more acceptable.
4. It must be always available; hence must be of such physical character that it can be kept nearby, but out of the way.
5. It must not be unsightly.
6. It must be easily carried and handled by the nurse, along with the pan itself.

MASSACHUSETTS GENERAL HOSPITAL.

We have been unable to find a suitable bed pan cover. We have used towels and rubber dams stretched over wire frames and glued on. These were quiet, but not durable and not very sanitary. Recently we have been using a moulded metal cover, nickel plated. These are easily kept cleaned, but they are noisy if dropped, and rattle. We should like to hear what others use.

JOSEPH B. HOWLAND,
Asst. Administrator.

THE ROOSEVELT HOSPITAL.

We use in this hospital a square piece of muslin for bed pan covering, marked and laid aside for this special purpose.

CHAS. B. GRIMSHAW,
Superintendent.

WESTERN PENNSYLVANIA HOSPITAL.

Your letter in regard to transporting bed pans from the service rooms to the patients' rooms has been referred to me. I would say that we cover them with a square of ticking. I have never seen a metal box cover, but have had suggestions from physicians to that effect. However, I believe it would be noisy and very difficult to keep such a vessel sweet and clean. I would be glad to hear of any suggestions.

JESSIE J. TURNBULL,
Directress of Nurses.

THE SOCIETY OF THE NEW YORK HOSPITAL.

We make bed pan covers of cotton cloth. They are about a yard square, and have a special mark to identify them. We have used this method for a great many years.

THOMAS HOWELL,
Superintendent.

PRESBYTERIAN HOSPITAL OF CHICAGO.

For bed pan covers we use an 18 by 24 inch denim or ticking cover, at a cost of 14¢ when using new material, and only the cost of the labour when using old material. The advantages are: cheapness, as they can be made mostly from old material; cleanliness, as they can be laundered daily; convenient for the nurses to handle, and for this reason they always use them; they are light and noiseless, and when kept clean they are not unsightly.

ASA BACON,
Superintendent.

PHILADELPHIA GENERAL HOSPITAL.

In the Philadelphia General Hospital we have squares of rubber similar to that used in making rubber blankets, which are of sufficient size to enable the nurse to take hold of both sides of the bed pan, thus insuring that the cover will be kept in place.

The objection, it seems, to the metal covering would be the inability to procure a tight-fitting cover. It might be possible to secure a pliable metal cover which would slide in a groove, somewhat similar to the doors of an old-fashioned heater.

It would be interesting to read the opinions of others on this subject.

J. C. DOANE.

Chief Resident Physician.

UNION BENEVOLENT ASSOCIATION HOSPITAL.

The question of the covering and protection of bed pans is one we feel has never yet been satisfactorily solved, and I shall be among the most grateful if you succeed in getting good suggestions.

We find that the heavy square of "factory" we now use (a clean one each time) is fairly satisfactory, as our distances are not great. The covers must be sufficiently large to envelop the pan entirely, and in case of very strong odours, a square of rubber sheeting is sometimes added.

Sorry not to be able to give you something better.

IDA M. BARRETT,
Superintendent.

ST. BARNABAS HOSPITAL.

In our old hospital building we are still using thick muslin covers, made especially for them, but in our large, new pavilion I designed the rooms so that between each two there is a toilet and bath, also the same off each ward, so that the sad spectacle of pans being conveyed through the halls has been eliminated; were I designing a medical wing I would place a sufficient number

of sterilizing hoppers, so that excreta would not have to be taken long distances.

In my old hospital at Brooklyn we used a large rubber sheet over the muslin cover, and that seemed to serve all practical purposes.

HERBERT S. HARTEN,
Superintendent.

Per G. J. H.

This problem is really of great importance. We have therefore included it in the Prize Competition questions for January.

COMPARISON OF THE WHITE WITH THE BLACK OPERATING SHEET.

The *Modern Hospital* advances the following reasons for the preference of a black instead of a white operating sheet:—

Vision depends on reflection. If a dark sheet is used the wound reflects more strongly than the sheet because the latter absorbs much of the light.

If a light sheet is used, it reflects more than the wound, the sheet reflection predominating; hence the wound is poorly seen, whereas with a dark cover the wound reflection predominates.

The advantages of a dark sheet are that it absorbs light, rests the eye, and the predominating reflection is from the wound.

The disadvantages of the white sheet are that it reflects strongly, tires the eyes and produces feeble contrast.

It is contrast that is desired. The dark sheet is to the surgeon what the dark room is to the ophthalmologist.

THE USE OF LEAD IN OPERATING ROOMS.

At the up-to-date Minnequa Hospital of the Colorado Fuel and Iron Company at Pueblo, Colorado, U.S.A., the operating room is a decided innovation, as it is lined throughout with sheet lead. On the floor the lead weighs twelve pounds to the square foot, and on the sides and ceiling six pounds. The ceiling slopes to carry any

condensation of moisture to the sides. The room is sterilised with live steam. It is heated by the indirect system. Screened air is forced into the room and the air from the room is exhausted by electric fans. Light is admitted from but one side, the north, thus preventing cross lights. The walls are dark, absorbing light, which is a relief to the operator.

Lead is waterproof, non-absorbent and crackless, thus affording no lodging places for germs and admitting of thorough cleaning. It is air-tight and waterproof, not easily damaged and if punctured is readily repaired; it expands and contracts without fracture, is noiseless, not slippery, and does not reflect light. What more can one ask?

Is it possible that the ideal flooring for

which we have searched so long has been found?

The room in which anaesthetics are administered is painted green and decorated with pictures and frames in sepia and other browns—colours which psychologists say are least irritating to the brain.



WHITE OPERATING SHEET.



BLACK OPERATING SHEET.

LEGAL MATTERS.

The Rhyl magistrates have sent a young woman named Anne Williams to prison for four months with hard labour for a series of thefts committed by her under the guise of a Red Cross nurse. She was stated to be a native of Llandudno, but now of no fixed abode.

In the Rhyl district she obtained lodgings at Rhudlan by saying she was a Red Cross

nurse and her luggage was at the station. She stole a watch while the owner was otherwise engaged, and then went to St. Asaph. Here she got lodgings and deposited the watch as security for a loan of rs. 6d. Here she stole two purses from the landlady who befriended her, and went off.

BOOK OF THE WEEK.

"THE GOLDEN MOMENT."

It requires some temerity to write at this time a romance of a German Princess, more especially as her lover was an Englishman. At the close of 1915 A.D., the very suggestion makes our gorge rise.

The authoress has, of course, written other books with Germany for its centre—"Memories of the Kaiser's Court," and "Daphne in the Fatherland."

We do not for a moment suggest that the story in question is pro-German. It is so detached in its attitude that one is inclined to think that it must have been conceived and written before the fatal August of 1914.

Apart from its environment, which sticks, it really earns the title of a romance, and we can at least enjoy the sly digs at the German temperament.

It was at the funeral of her father, the old Grand Duke Karl of Rehstein, that Rupert Worthington first saw his daughter, the Princess Antoinette. "For some reason, the procession made a short pause, and at the window of the carriage immediately following the funeral car a face appeared and a pair of violet eyes with a world of agonised appeal in their depths looked directly into Rupert's."

Rupert being a young man of powerful personality immediately determines that, come what may, he will get an introduction to the lady. It was from a woman in the crowd that he learned who she was, and further particulars were supplied by an English groom in her late father's stables who was in attendance with his charger at his funeral.

"The music they've bin playin' all the time's enough ter give an 'orse the bloom'n' 'ump, ain't it?" grumbled the man.

"You belong, I suppose, to the stables of the Schloss," said Rupert.

His name was William Watson, he said, and he was as nearly as possible, "fed up" with stable existence as lived in Germany.

A little more conversation and the gift of some English cigarettes, and Rupert succeeds in getting a note conveyed to the Princess.

In spite of the town being full for the funeral, Rupert found a vacant room at the hotel.

"It is a splendid room and belonged to my grandmother; the bed is wonderful."

"The dining room of the 'Golden Eagle,' though very comfortable, was highly respectable. One could feel assured that drunkenness would have been as little tolerated there as in a missionary meeting."

It was after that he had retired to the ancestral couch; in fact, when he awoke on the June morning, that he perceived an envelope "that

had been obviously pushed under the door, perhaps by the postman who invades the sanctity of the German dwelling places at his own sweet will."

This was, of course, a reply from the Princess and enclosed the key of her private grounds. From this, it will be seen that we are in for a real romance, only, unfortunately, it is a German one, which spoils the flavour.

Fräulein von Bernhoff, her chaperone, is typical of her nation. She spent most of her time doing impossible water-colour sketches, and her clouds were like the pink wool crochet-slippers she wore.

Tante Lilli was another. "She had a way of rounding her eyes. It had been considered rather an attractive habit when she was a little girl, and poor Tante Lilli had never realised that the small mannerisms of youth are rarely becoming to the middle-aged, so she still continued the round-eyed wonder which her parents had thought so fascinating years ago, not knowing that it was the last absurd touch to her assertive rotundity."

Of course, Rupert being what he was, carries off and marries his Princess. But he first has an interview with no less a person than the Kaiser, who treats his suit as an absurdity not to be contemplated.

The *mésalliance* was, of course, the other way about. In former days this romance might have been quite popular, but we suggest that it has been published eighteen months too late.

H. H.

COMING EVENTS.

January 5th.—Child Study Association. Lecture in the Jehangier Hall, University of London, South Kensington, by Dr. C. W. Saleeby, F.R.S. (Edin.), on "Saving the Future." Chairman, the Hon. Sir John A. Cockburn, K.C.M.G. 5.30 p.m.

January 6th.—Nurses' Annual Re-union, Kensington Infirmary, 3 p.m. Guests are invited to stay all the evening.

January 20th.—Central Midwives Board. Monthly meeting. Board Room, Caxton House, S.W. 3.30 p.m.

January 21st.—Central Midwives Board. Penal Cases. Board Room, Caxton House, S.W. 11 a.m.

January 22nd.—League of St. Bartholomew's Hospital Nurses. The Winter General Meeting, Clinical Theatre, Medical School, 3 p.m. Social Gathering, Nurses' Sitting Room, Nurses' Home.

WORD FOR THE WEEK.

Be inspired with the belief that life is a great and noble calling, not a mean and grovelling thing that we are to shuffle through as we can, but an elevating and lofty destiny.

—W. E. Gladstone.

* By Annie Topham. Andrew Melrose, Ltd., London.

Take care of others, and leave yourself to the care of God.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—The uniform of the V.A.D.'s has been "protected" not because they are nurses but because they are attached to the military service of the Crown.

All General Hospitals in London which have a private nursing staff strictly enforce the wearing of outdoor uniform of a particular pattern.

Nurses in hospitals who for the most part get only two hours off duty, have no time to waste in changing their dress, and practically they all wear outdoor uniform, but I know of no hospital where it is compulsory.

Until some scheme of nurses' registration is adopted the "protection" of nurses' uniform is, in the nature of things, absolutely impossible.

Yours faithfully,

T. D. BUTLER.

A DOMESTIC AFFAIR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a certificated Guy's nurse may I be permitted to offer to you my sincere thanks for your championship of Miss Florence Tubbs, trained and a silver medallist of the same School. Had it not been for your advice and the publicity given to this case this highly trained Matron would have been removed from an honourable position with a very serious slur on her character and capacity. Now, thanks to you, whilst repudiating any power over the civil committee of the Endsleigh Palace Hospital for Officers, the War Office has been compelled to state in black and white in its reply to Miss Tubbs' demand for a thorough investigation, 'that there has been no reflection on your character from first to last.' Insufficient reparation for the injury done, yet proving how wise it was to refuse to sink out of the hospital as if guilty of moral delinquency, the only imputation which could have been put upon Miss Tubbs' action had she taken the advice of the chairman of this autocratic committee and left secretly at a few hours' notice. As a member of the Guy's Hospital League may I express the opinion that it was the duty of this large body of nurses to have made a protest against the manner in which a silver medallist of the School was treated.

Yours truly,

A MEMBER OF GUY'S HOSPITAL
NURSES' LEAGUE.

"WAR TEMPER."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I also have had a taste of "War Temper." Every Sister in this hospital

wanted to go to the Front in the early days of the War, and as this could not be arranged, the seniors were granted leave, whilst the juniors were informed that it was their duty to remain at home. "War Temper" was rampant for a few days—one Sister taking to her bed and bedewing her pillow with many tears. After a few resignations calm was restored.

Yours truly,

COMPELLED TO STAY AT HOME.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—During this War we have all heard much of doing our bit. Of course, every trained nurse in this hospital wished to rush off to the Front, no matter where. Matron said it was very natural and hoped we might all take a turn at War nursing; but she also said the most difficult "bit" in a crisis like this was to stay in civil work and do it cheerfully. There have been fits of "War Temper" here, of course, and many of those with least control have gone on active service—let us hope "doing their bit" according to their own inclination may pacify them.

Yours truly,

C. G.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I place on record how deeply I appreciate the self-sacrifice and good temper with which the whole nursing staff in this hospital have worked since the beginning of the War. Their "temper" has been admirable, and as we are short-handed the extra cleaning they have had to do has been done most cheerfully. I quite agree with "Always an Interested Reader" "that all grades should take a hand with the cleaning and get it done." I set the example.

Yours truly,

COUNTY HOSPITAL MATRON.

FRENCH FLAG NURSING CORPS.

431, Oxford Street, London, W.

The Selection Committee will see candidates for this Service on Friday, January 7th, from 2.30 to 5 p.m.

OUR PRIZE COMPETITIONS.

January 8th.—Describe what you consider the most sanitary and practical form of bed-pan cover, and how best to cleanse spittoons for ward use.

January 15th.—How would you prepare for use:—

- (a) Chromic catgut?
- (b) Gum-elastic catheter?
- (c) Silk?
- (d) Horsehair?

January 22nd.—What are the chief functions of the stomach, intestines, liver and pancreas?

January 29th.—What are the causes of constipation in an infant during the first ten days of its life? How is the condition treated?

The Midwife.

PROBLEMS OF ANTE-NATAL CARE.

The following letter, signed by seventeen midwives (fourteen of whom are certified by examination), has been sent to the President of the Committee of an Ante-Natal Centre in London, by the local Association of Midwives, as a result of the suggestion of a medical woman, at an Ante-Natal Centre that as soon as the *patients book with the midwives* they should send them up to the centre for examination. It is thought that as the midwives in other localities may be approached with a similar proposition a knowledge of the action taken by their colleagues may be of use to them.

TO THE PRESIDENT OF THE COMMITTEE OF THE ANTE-NATAL CENTRE. FROM THE LOCAL ASSOCIATION OF MIDWIVES.

We, the local midwives, wish to thank you very much for asking us to meet the two lady doctors who were so very kind as to speak to us about the Ante-Natal Centre.

We midwives are fully aware of the importance of the ante-natal work—we welcome any movement that will help to improve the health of the mothers and we will most willingly co-operate for this good end.

We are, however, greatly disappointed to find that you do not propose to supply treatment at the Centre—this we should gladly avail ourselves of for such patients who, requiring advice, have no family doctor or who are too poor to pay his fee. . . .

Our patients do not book with us as early as we would wish *now*, and we fear if they found that we sent them for *further* examination at the Centre it might prevent them booking with us. They would not be likely to submit to a second set of enquiries and examinations simply to be recommended afterwards to attend a hospital or to consult a private practitioner, which we had already advised them to do. We think also that the doctor who is eventually to be consulted will tell us that we have taken a very round-about way about it and that we had better have sent them to him in the first instance. Should his diagnosis differ from yours, which is within the bounds of possibility, we foresee still more trouble. We need not point out to you how very important it is for us to keep in with our doctors on whom we depend in emergencies at confinements. . . .

We fully appreciate the scientific attainments and capacity of these lady consultants, but we feel that perhaps they do not quite grasp (how is it possible that they should?) the difficulties of a midwife's practice and her responsibilities in regard to her patients, nor the instruction that the Central Midwives Board insists on her having before she goes up for examination. The Central

Midwives Board Rules say that pupils are to be instructed and examined in "pregnancy, its complications including abortion," &c.

There was a great deal of confused talk at the meeting the other day as to the advantages of diagnosis, and who could diagnose and who could not, and that the midwife was not competent to do this. This may or may not be true, but the midwife is (or should be) trained very carefully and minutely to observe the symptoms and signs, and these symptoms and signs are the foundation on which the diagnosis is made. But a diagnosis by itself is of no more use than the recognition of symptoms and signs unless treatment is to follow. The responsibility we feel in regard to our patients makes us very anxious not to shake their confidence in us, but if this is not interfered with please rest assured of our co-operation with you in every possible way.

We shall be glad to receive from you leaflets about your work, which if suitable we may give to our patients, so that they may take advantage of your Centre, should they wish to do so.

We need not point out to you that the power that the midwife has for good as a health worker is tremendous, as she is in the confidence of the people and her opportunities are vast and unique.

THE MIDWIVES (SCOTLAND) BILL.

The Midwives (Scotland) Bill received the Royal Assent on Thursday, December 23rd, and has therefore now become law. It now only remains for Ireland to follow suit.

CENTRAL MIDWIVES BOARD.

A special meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Friday, December 17th, at 11 a.m., for the hearing of the charges alleged against seven midwives, Sir Francis Champneys presiding. The result was as follows:—

Struck off the Roll and Certificate Cancelled.—Annie Jane Hewitt, L.O.S. Certificate (No. 9612); Amelia Penketh, No. 8179, Cert. Liverpool Lying-in Hospital; Ellen Langley (No. 50559).

Judgment suspended.—Margaret Emery (No. 25875), C.M.B. examination; Eleanor Steel (No. 28919), C.M.B. examination; Mary Frances Rhodes (No. 18242), L.O.S. Certificate. Report asked for in three and six months' time.

Cautioned.—Blanche Alice Battershall (No. 35604), C.M.B. examination.

Judgment Postponed.—Agnes Ann Gordon (No. 34893, C.M.B. examination). Report asked for in three and six months' time.

Midwife Battershall should have been defended, and also have appeared, but her counsel was detained in court and she herself was not well

enough to attend. It was requested by counsel's representative that the case be postponed, but the Chairman suggested that the midwife's interest would not suffer by its being heard. The charge against her was that she had received for gain infants under the age of seven years, and had failed to give notice in writing to the local authority. The midwife had been convicted at the West London Police Court, and had been fined. There was no suggestion that she had not done her duty by the children, and the Chairman considered that she had been sufficiently punished.

In the case of Mary Anne Gordon, who had lately married, the inspector, who was present, said she was informed that the midwife did not live at the address given for her letters, and that she had been unable to obtain any satisfactory information as to where she actually resided. She had never succeeded in finding the midwife at the address given. The midwife was ordered to send her address, register, and certificate as requested, and if she failed so to do would be struck off the roll.

The case of Mary Frances Rhodes was rather unusual, the offence alleged against her being that the child was suffering from discharging eyes, and she did not notify the same. It came out in the evidence that she was acting as a monthly nurse, a doctor having been engaged for the case. The medical man engaged for the confinement was engaged on military duty the day following the confinement, and handed over the case to another practitioner. This medical man left the case on the tenth day, September 24th, the midwife still being in attendance. On September 30th he was called to attend the infant who was then suffering from ophthalmia neonatorum. He admitted not having seen the infant on the conclusion of his visits, and said that the midwife had not requested him to do so.

Mr. Golding Bird asked if it were not his duty to attend the child as well as the mother.

The Chairman's ruling was that this was a doctor's case and that the midwife was acting as a monthly nurse and as such the case was not one to be dealt with by the Board. The Inspector was requested to direct the midwife not to enter doctors' cases on her register.

In the case of Midwife Langley, the Inspector said that the daughter filled up the temperature register without reference, and when questioned replied "it was quite easy, as mothers' temperatures were always normal."

THE PREVENTION OF EYE DISEASE.

The twelfth and last of the very interesting special course of lectures on Infant Care, under the auspices of the National Association for the Prevention of Infant Mortality, was given on Tuesday, December 21st, by E. Treacher Collins, Esq., F.R.C.S., Surgeon Royal London Ophthalmic Hospital, the subject being "The Prevention of Eye Disease in Children under School Age."

The lecturer began by saying that it was well known that kittens and puppies were born with their eyelids closed, and it seemed that infants were not in like condition, as it was in the maternal passages that the eyes were most liable to infection. Blindness due to this cause was by far the most frequent. Where the eyes were infected at birth, the symptoms began to show usually about the third day, and were attributable to either the doctor or midwife. Symptoms showing after the fifth day usually pointed to some fault or neglect on the part of the monthly nurse. The severity of the symptoms depended on the virulence of the micro-organism. The most severe form was due to infection by the gonococcus. Cases left to themselves with the discharge pent up under the eyelid often resulted in perforation of the cornea. Great care should be exercised in the washing out of the eyes, as when they were at all roughly handled the lens might pop out. The lecturer said he sometimes had the lens brought to him by the mother, who seemed to expect him to replace it. The pity was that these cases of blindness were entirely preventable if only skilled treatment were applied in due time.

In his opinion every midwife should carry a bottle of silver nitrate 8 grs. to 3i. for application to the eyes at birth, wherever there was a suspicion that the mother had an infective discharge. At the first symptoms of trouble, of course, medical aid should be sought. These cases did very well if they were brought up every day to the hospital, but the difficulty was to ensure this being done. In Liverpool there was special provision made for the reception as in-patients of both mother and infant under the circumstances. In London there was no such provision. It would be well if the Health Authorities were to realise that in the health of the people lies the wealth of a nation and were to bestir themselves in this matter. Other sources of ophthalmic infection arose from direct contact with discharge from the eyes of another person so infected. This was commonly known among the poor as the blight, and was caused by several persons washing in the same water, using the same towel, or children sleeping in the same bed. Children were more susceptible after an attack of scarlet fever or measles. After measles ulceration of the cornea often resulted, which caused the child to have a great dread of the light. Cases of this kind were noticeable because the children screwed up their eyes.

Another cause of blindness was the result of accidents; quite a number had come under his charge from children trying to undo their bootlaces with a fork. The "tipcat" season was also responsible for a number. No child, said Mr. Collins, was born near-sighted. This condition was unknown in the savage races, and was really the outcome of civilisation.

Prolonged application to close work was its cause, and children who learned to read at a very early age were often the victims of it. Astigmatism was largely responsible for it, and all children of school age should have their eyes examined with this in view.

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EDITORIAL.

THE RECOVERY OF PATRIOTISM.

The first Sunday in the New Year was set apart to be observed by all the churches as a day of special intercession "on behalf of the nation and Empire in this time of war."

In the Cathedrals and Churches of the Anglican and Roman Communions, and in the Free Churches, on Sunday, and in the Synagogues of the Jewish community throughout the country on Saturday last—the Jewish Sabbath—the day was universally observed.

At St. Paul's Cathedral, preaching at the morning service the Bishop of London taking for his text "Until the day break, and the shadows flee away," said that there were two divisions possible of the spirit in which we should enter upon the New Year. In the first the year opened with nothing but cloud and thick darkness, not only was the night of war still upon us but there was not even a streak of dawn. There had been no such crime for 1,000 years as the deliberate extermination of the Armenian race, and the misery of the Serbian refugees was beyond description.

We ourselves had made mistakes in policy and strategy which had lost us the confidence of the world. We would not believe the war was coming, and when it did come, so little were we prepared that we were turning out one shell to one hundred turned out by the enemy.

Few things were less helpful to-day than unthinking optimism. Not a single fact recounted by the pessimist need be denied.

But, worshipping under the Dome of St. Paul's, we had no right to take short views. The only question worth thinking about on the first Sunday in the New Year was what did God think of the war? God had no favourites. He was not the special God of the British Empire any more than of Germany. He was the God of the earth. The

positive comfort at this distressful time, was that God had never allowed devilry, lust and tyranny finally to triumph in the world. The one condition was that the nations which were to be the instruments of his judgment were worthy to be weapons in his hands. Were we, as a nation such a weapon? What about the National Drink Bill? What about the moral state of the streets in darkened London—worse now than it had been for twenty years? But it required no foolish ignoring of plain facts to enter the New Year in a hopeful spirit? It required only faith in God. In such faith let the nation arise from its knees of penitence and prayer with head erect to face its task.

Archdeacon Wilberforce also spoke soberly at Westminster Abbey when he said that the voluntary system, of which we were justifiably proud, would have broken down if it were found that the murder of Nurse Cavell, and other acts of German brutality, did not shame all eligible men and cause them to join the forces.

Bishop Diggle preaching in Carlisle Cathedral on "Patriotism true and false" pointed out that even the curse of war might bring blessings in its train. The men who eventually returned home from the trenches, and the women who returned from the hospitals, would bring with them new thoughts and larger aspirations.

The war was a grand opportunity for the cultivation of self-discipline, and the recovery of the patriotism, in the larger and more generous development of national consciousness.

The Master of the Temple emphasised the fact that we had always been contemptuous of imagination and education. We admired the foresight and skill which brought fame and fortune to individuals, and with singular inconsequence almost worshipped our national capacity for muddling through.

Let us hope we have now learnt our lesson.

THE PREVENTION OF EAR AND THROAT TROUBLES IN INFANCY.

By MACLEOD YEARSLEY, F.R.C.S.,

Senior Surgeon to the Royal Ear Hospital; Otologist to London County Council Deaf Schools; Aural Surgeon to the Red Cross Hospital, Harrow-on-the-Hill, &c.

(Continued from page 3.)

Now let us return to the nasopharynx, and consider it from the point of view of disease. With its numerous passages opening into and out of it, it forms a sort of meeting-place, like a large square with several communicating streets, by which passengers can arrive from neighbouring cavities or depart thereto. The nose and mouth are the most vulnerable parts, because they are the portals of the outside world from which the organism may be invaded by foreign hordes. The army which acts as a home guard against such invasion lies partly in the nose, which cleanses the incoming air by catching the grosser impurities and by the bactericidal power of its secretions, partly in the tonsils. These latter, as, no doubt, you have already gathered, are arranged to form what is practically a ring of tonsillar tissue round the opening of the food and air passages. There is the pharyngeal tonsil above, in the roof of the nasopharynx, the faucial tonsils on either side, and the lingual tonsil below. If those tonsils become below par, as when the child is defective in its vitality, or if they are called upon to cope with an invasion of germs which is too strong for them, they break down in their work of defence.

It can be readily understood, therefore, that in the nasopharynx we have an anatomical meeting-place which possesses powerful potentialities as a locality for the reception and dissemination of infections. As such it becomes a region of enormous importance, and this importance is greatly emphasised in infancy. Not only are diseased conditions of the nasopharynx a direct menace to ears, larynx, windpipe, lungs, and stomach, but it is now considered practically beyond dispute that a large number of more widely spread infections gain their entrance to the body at this region. Rheumatic fever, chorea or St. Vitus' dance, cerebro-spinal meningitis or spotted fever, and acute anterior poliomyelitis or infantile paralysis are some of them.

Pause must be made here to take note of the structure of the tonsils. All four tonsils are masses of what is called lymphoid tissue, rich in cells, which are intended by nature to deal with dangerous micro-organisms and to destroy

or render them powerless. If one of the faucial tonsils be examined, it will be seen that it is pitted with little blind tubes, called *crypts*. The pharyngeal tonsil forms a mass arranged in a folded manner, so that it presents ridges and furrows. These ridges also contain small crypts, especially in the parts which are sunk in a furrow. A similar condition obtains in the lingual tonsil. Offending germs are caught up in these crypts, and, provided the invasion is not too strong for the tonsil tissue to deal with, are disposed of. Too many or too powerful germs, however, may effect a lodgment in these tissues, and cause them to become inflamed and damaged, thereby reducing their efficiency.

The period of activity of the ring of tonsils is during infancy and childhood, and at puberty its constituent parts begin to retrogress. It is during their active period that tissues are liable to acute inflammation, and it is usually during childhood that the tonsils are most often affected. But the mere fact of temporary enlargement of the faucial tonsils in infants and children is no indication for their removal. This is, perhaps, a fact that is insufficiently recognized. A child's tonsils are often temporarily enlarged, but this swelling then means that they are exercising their function, not that they are necessarily a menace to their possessor. When, however, they become enlarged from chronic inflammation, and have either grown so big as to encroach upon the space for breathing or have become the seat of septic infection, then it is that the faucial tonsils are a distinct menace and require to be dealt with surgically. A pair of large tonsils may so block up the lower part of the pharynx as seriously to interfere with proper nasal breathing, and the importance of the latter is such as to render their removal imperative. I may add here that the consensus of modern surgical opinion is that the proper method of removal is to dissect the tonsils out whole, and not merely to chop off their prominent parts.

If the tonsils become septic, it means that they are no longer able to exercise their functions; they have succumbed to a microbic invasion too strong for them. If they are not removed they act as strongholds of septic microbes from which infection can be spread. The glands in the neck become inflamed and enlarged, and may suppurate, forming abscesses. The septic material spreads from the tonsil to the pharynx, irritating and inflaming it; it passes into the stomach during sleep, and causes digestive disturbances; or it is inhaled, and affects the windpipe and lungs.

The pharyngeal tonsil may become similarly affected by infection, either through the nose

or mouth. A great deal has been written concerning the cause of the condition now so well known by the name of *adenoids*, which is an enlargement of this tonsil. But whatever may be said as to the origin of these growths, it all resolves itself into one primary cause—infection. This infection may be due to one of the fevers of infancy and childhood—scarlet fever, measles, diphtheria, chicken-pox—or to the simple common cold. In the case of the infectious fevers, the infection enters through the throat, possibly also through the nose. When the condition is due to colds, it enters chiefly through the nose, and repeated inflammations lead to permanent enlargement of the pharyngeal tonsil. Once adenoids are present they predispose to colds by the facility with which they offer a harbour to hostile germs in their furrows, so that one gets a vicious circle, in which the adenoid mass causes cold, and each cold makes the mass larger. Such a mass is liable to re infect the nasal cavities and inflame them by reason of its propinquity to the posterior openings of the nose; hence a nasal discharge in infants and children is a common symptom of the presence of adenoids. Another potent cause of adenoids and enlarged tonsils is by septic infection through the mouth. Such infection is often carried by that pernicious and abominable implement of lazy or overworked mothers and nurses, the “comforter.” When I see a woman in charge of an infant seizing the latter’s comforter, wiping it on her dirty pocket-handkerchief, then moistening it with her saliva, and thrusting it into the baby’s mouth, I always feel that I want to “go” for her. Imagine what such a comforter must be like, possibly dropped in the dirt, wiped imperfectly on a filthy rag, and then moistened with the saliva from a mouth probably full of decayed teeth. Can it be wondered at that the babies so “comforted” develop septic diseases?

Barraud, of Lausanne, in his valuable pamphlet entitled “*Les Oreilles de nos Enfants*,” has pointed out that adenoids are more frequent in children artificially fed. This is because the feeding is often done carelessly, and sufficient care is not always taken to ensure that the infant sucks properly. Possibly, also, because infection is conveyed by a carelessly washed rubber teat. The nasal cavities of an infant are small, and are developed slowly after birth by the stimulus of normal nasal breathing. If a child at the breast be watched, it will be seen how markedly the act of suckling develops the nose by the strong efforts that are made to breathe through that organ when the mouth is otherwise occupied. The air that is drawn

through the nose stimulates the nasal circulation and cleanses the nasal cavities. If, for any reason, this stimulus is absent, the air becomes stagnant in the nose and the circulation sluggish, whereby the conditions become much more favourable for microbic invasion.

Yet another fertile cause of adenoids is faulty hygiene in feeding and housing. The infant brought up in one badly ventilated apartment, in which there are more people living than the room can accommodate, is reared in a stuffy, stagnant atmosphere which is habitually deficient in oxygen and probably teeming with germs. The chances are that such an infant is badly fed on a most injudicious diet. Its vitality becomes chronically impaired, and it falls an easy victim to infections.

In older children carious teeth may be an additional cause. A striking experiment has been described, in which a few grains of blue dye were placed on the back teeth; within a quarter of an hour a small triangle of the dye could be seen, with its base at the teeth and its apex at the tonsil, a result which shows precisely what would happen with germs from a decayed tooth.

Such, briefly, are the most common and potent causes of adenoids and enlarged septic tonsils; let us now discuss their effects.

There is probably no other condition in infancy which has such important and far-reaching effects as adenoids and unhealthy tonsils. By blocking the nasopharynx they cause mouth-breathing and all its attendant evils. Mouth-breathing means carious teeth, easy infection of the throat and lower air-passages, and predisposition to tuberculosis. A blocked nose means the failure of proper nasal development, with deformities of the palate and teeth and certain parts inside the nose. But adenoids do not act by bulk alone, but also by providing a ready source of infection. As has been already pointed out, the deep furrows in the adenoid mass act as ideal incubators for hostile germs, and, owing to the anatomical situation of the pharyngeal and faucial tonsils, these germs can be distributed to neighbouring parts with remarkable facility. The nasal cavities can thus be reinfected, causing more or less chronic nasal inflammation and consequent discharge. Irritating secretions can drop or trickle into the larynx, inducing spasm and suffocative attacks, especially liable to occur at night, and alarming the parents by their croupy nature. It must be remembered that, with the child’s small nasopharynx, the pharyngeal tonsil and the larynx are quite close together. The secretions can cause bronchial catarrh and bronchitis, acting

on tubes already thrown out of gear by the inspiration of cold, dry, unpurified air breathed in by the mouth because the nose is not acting properly. Attempts at nasal breathing before mouth-breathing is completely established (and nasal breathing being natural breathing, the attempt at performing it is not given up without a struggle) fail properly to expand the chest, so that its walls develop ill, the lower ribs are sucked in, and the lungs fill badly. Children who are habitual mouth-breathers make only a minimum effort to respire, and the chest muscles perform only a minimum amount of work, so that their development does not proceed perfectly. This results in arrested lung development, and outlying portions of lung tissue fail to expand. This is especially likely to involve the apex of the lung, and render it an easy prey to pulmonary tuberculosis. The first sign of inefficient chest expansion is the sucking in of the ribs just referred to, and I always look upon it as a most important danger signal in young children and as indicating the necessity for removing the adenoids.

Secretions from adenoids are also very often swallowed, especially during the night. Such secretions generally take the form of thick, stringy mucus, which seriously upsets digestion. It irritates the stomach, and one of its most common effects is morning nausea and vomiting. I have seen such cases cured promptly by the removal of the adenoids.

Upon the mental condition of the child adenoids have a distinct and well-known effect. As the veins carrying the impure blood from the front part of the skull cavity are connected with the pharyngeal veins, the brain circulation is interfered with, and the child becomes heavy, torpid, and inapt for mental exertion. He is incapable of fixing his attention or sustaining it for any length of time. This is the condition known as "aproxexia," or inability for sustained attention. All adenoid children do not suffer thus, but a very appreciable percentage of them so suffer. They listen without understanding, they forget what they have read, and, having learned a lesson with much labour, their memory seems incapable of retaining it. The nervous results of adenoids and nasal obstruction in infants and children are: disorders of sleep (especially night terrors), stammering, habitual headache, depression, indolence, and feeble memory.

Further, children with marked adenoids suffer from defective blood aeration, and researches upon the blood in adenoid cases show that its deterioration is not in direct relation with the size of the growths. Many adenoid

children are also in a condition of chronic septic poisoning, which alone is incompatible with a healthy general state.

(To be continued.)

OUR PRIZE COMPETITION.

DESCRIBE WHAT YOU CONSIDER THE MOST SANITARY AND PRACTICAL FORM OF BED-PAN COVER AND HOW BEST TO CLEANSE SPITTOONS FOR WARD USE.

The answer of Miss L. E. Hunting, King George Hospital, E.C., is the best received in relation to bed-pan covers, and that of Miss Lucy C. Cooper, Westminster Infirmary, Colindale Avenue, Hendon, N.W., with regard to spittoons. We have therefore divided the prize this week, and awarded half a crown to each of these competitors.

A SANITARY AND PRACTICAL FORM OF BED-PAN COVER.

Miss L. E. Hunting writes:—

In private nursing, during cases of typhoid fever, I have found the following bed-pan cover extremely useful and quite silent, and it would, I think, be quite simple and practical for hospital use also.

It is made as follows:—Obtain enough strong batiste to make a bag shaped to slipper or bed-pan, only it ought to be about three inches larger all round, to allow of easily slipping utensil into it; make a wide hem, and run a wide tape all round.

The advantages I found in using it were:—

It prevented disagreeable odours from permeating through the surrounding air, whilst conveying from sick room to lavatory, by simply pulling tape very tightly, and twisting round after having slipped bed-pan in.

It is very easy to keep sweet and clean by carbolicizing every time after use, and hanging up in an airy place to dry; it can also be boiled occasionally without damaging the material.

It must be made of batiste or rubber, but not jaconet, as it will not stand boiling. I used a batiste cover which was made at a cost of 1s. 6d., and lasted over three months with constant use and weekly boiling, and at the end was quite waterproof.

HOW BEST TO CLEANSE SPITTOONS FOR WARD USE.

Miss L. C. Cooper writes:—

Spittoons are most easily cleaned when lined with paper, and the contents emptied into a furnace. Afterwards they should be placed under a running tap of hot water and well

mopped out; and then be placed in strong carbolic lotion or some other antiseptic, and afterwards dried. The new form of spittoon, namely, the Seabury & Johnson patent, is the best kind to have in use in sick wards.

These spittoons are a form of strong sanitary paper case, made to fit as a double lining into a small square tin box, with handle and lid; the linings can be taken out whole, and burnt with contents, and the tin cases swabbed with carbolic, or even boiled.

An old-fashioned method was to have a quantity of antiseptic fluid at the bottom of each cup or spittoon, and emptied down the drain, then placed under a running tap; this was most unpleasant when dealing with very offensive or tenacious sputum.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss Macintyre, Miss J. Robinson, Miss G. James.

Some competitors have advised that disinfectant should be placed at the bottom of the clean sputum cups by the bedside of the patients, but, unless it is absolutely non-poisonous, this should never be done. A patient may easily mistake it for a drink, and deaths have occurred from such accidents.

QUESTION FOR NEXT WEEK.

How would you prepare for use:—(a) Chronic catgut, (b) gum-elastic catheter, (c) silk, (d) horsehair?

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The Annual Meeting of the Matrons' Council will be held at 431, Oxford Street, London, W., on Friday, January 21st, at 3.45 p.m. After the Business Meeting has been concluded there will be Tea. At 5 p.m. there will be a Meeting of the National Council of Trained Nurses, at which Miss Annie Hulme and Miss Beatrice Kent will present a Report, as delegates to the Meeting of the International Council of Nurses and Nurses' Convention held at San Francisco, June, 1915.

Miss Kent will also speak on matters of interest in connection with her tour through the United States of America and Canada.

AN IMPORTANT CIRCULAR FOR PROFESSIONAL CONSIDERATION.

We have received a letter from Miss S. A. Swift, Matron-in-Chief of the Trained Nurses' Department under the Joint War Committee, enclosing a communication from the Hon. Arthur Stanley, M.P., the Chairman of the Committee, which has been widely circulated in the hospital world. We do not at present intend to comment upon the proposed scheme of establishing a Nursing College upon the lines suggested, but as professional education, and incidentally their economic condition, are of vital importance to all trained nurses, and as for some time past these questions have been privately discussed by certain hospital governors and matrons, without any intimation having been given to the Nurses' Organizations, we are of opinion that members of such bodies should meet and carefully discuss their own affairs.

To enable trained nurses to take legitimate counsel together, a meeting of the Executive Committee of the Society for the State Registration of Trained Nurses will be held at 431, Oxford Street, London, W., on Saturday next, 8th January, at 4 p.m.—at which members of the Society may be present—to consider the Circular Letter from the Hon. Arthur Stanley, and to take such action thereon as may seem advisable. Those Matrons and nurses who have for so many years devoted so much time and thought to the better organization of their profession will, we hope, make every effort to be present, to take part in the deliberations. In the meanwhile may we urge them to read carefully and give due consideration to the appended Letter, which contains highly controversial suggestions.

ETHEL G. FENWICK

(President, National Council of
Trained Nurses)

JOINT WAR COMMITTEE.

Chairman:

The Hon. ARTHUR STANLEY, M.V.O., M.P.

Vice-Chairman:

Col. Sir HERBERT CHARLES PERROTT, Bt., C.B.

83, Pall Mall, London, S.W.,

30th Dec. 1914

DEAR SIR,—During my past year's work as Chairman of the Joint War Committee of the British Red Cross Society and Order of St. John I have been struck by the total lack of organization amongst the various authorities responsible for the training of Nurses and by the need for organization amongst the Nurses

themselves. Occupying a neutral position in relation to these pressing problems, I have given much time and attention to considering how, in the interests of the Public and of the Nurses themselves, the present unsatisfactory condition of affairs may be remedied.

For something like 25 years there has been more or less active agitation in favour of the Registration of Trained Nurses, but for causes into which it is unnecessary here to enter, this movement and others of a similar nature have hitherto failed to attain the object sought.

There is no unanimous feeling either amongst those responsible for the training of Nurses or amongst Nurses themselves in favour of any system of State Registration. Nevertheless, I am convinced that something should be done at once to co-ordinate the various interests involved, and, without prejudice to ultimate developments, whether by legislation or otherwise, my own view is that for the time at least we must rely upon a voluntary scheme of co-operation amongst the Nurse Training Schools throughout the country.

I have confidence that a representative Association would speedily attract so much support from the nursing profession as to lend great weight and authority to any decisions at which it might arrive.

Just as the Royal Colleges of Physicians and Surgeons through the Conjoint Board organize the teaching and examination of medical students, as the Chartered Institutes of Accountants, of Surveyors, Engineers, and other bodies, as Barristers and Solicitors, organize the teaching and examining of candidates for entrance to their respective professions, so do I feel most strongly that now is the right time for some such movement in the Nursing profession.

With this end in view it is suggested that a College of Nursing shall be founded. This College shall be a purely voluntary body, which will aim at securing the support and sympathy of the Governors of Hospitals to which Nurse Training Schools are attached, of the leading members of the medical profession, of the Matrons and Lecturers at these Nurse Training Schools, and last, but not least, of the Trained Nurses themselves.

I suggest that Promoters of the College should be sought amongst the Chairmen and Governors of leading Hospitals, Physicians and Surgeons lecturing to Nurses, the Principals of Nurse Training Schools and of Nursing Associations, and other persons interested in the education of women, and I hope your Hospital may be willing in due time to nominate

representatives to act in this capacity. The Promoters, having obtained the sanction of the Board of Trade to the registration of the College with its Memorandum and Articles of Association, should appoint the first Council of Management, two-thirds of whom should be Matrons of Hospitals or Superintendents of Nursing. For effective administration, it is essential that the Council of Management should be relatively small in numbers, but in order to secure a proper representation of all interests, it is proposed that the Council should form a large Consultative Board, drawn from all classes of Nurse Training Schools and Nursing Associations, and from Nurses in practice throughout the country. Further, it is suggested that the Council should always invite and receive a report from the Consultative Board before coming to a determination either upon courses of study and technical training for persons intended for the nursing profession, or upon the conditions under which recognition may be extended to Nursing Schools. The Council should also form an Examination Board, which will advise upon the appointment of Examiners, the Scheme for Examinations, and the acceptance under safeguards of internal examinations in recognised Training Schools to qualify for the Certificate of Proficiency in Nursing to be granted by the College.

In addition to examining and giving qualifications to Nurses, the College should take power to exercise similar functions in all branches of women's work connected with Hospitals, whether naval, military, or civil, and to give certificates of proficiency to those who pass the necessary examinations.

Such are the broad outlines of the scheme, and I should be glad to know whether they meet with the general approval of your Hospital Committee. It is put forward with the idea of securing greater uniformity of training and curriculum for Nurses, fuller co-operation between the Nursing Schools, and the better organization of the Nursing Profession generally. I shall be glad to submit to the advisers who have already helped me any criticism you may be pleased to make. I have reason to hope that, should these proposals meet with sympathetic support, I may be able to secure financial assistance to launch the College in a suitable building, but before asking the Board of Trade's approval to omit the word "Limited" from the title of the Association, I must be assured of a substantial backing throughout the country. When this step is gained, I shall have the pleasure of asking your Committee to nominate your representatives to

take part in the establishment and development of the College, which may, I hope, promote the welfare of Trained Nurses and of all other women engaged in attendance upon the Sick and Wounded, and may thus do lasting service to our Nation and Country.

Yours faithfully,

A. STANLEY,

Chairman, Joint War Committee,
British Red Cross Society and Order of St. John.

NEW YEAR'S HONOURS.

ROYAL RED CROSS.

The King has been graciously pleased to confer the Decoration of the Royal Red Cross upon Miss Margaret Clothilde Macdonald, Matron-in-Chief, Canadian Nursing Service.

KAISAR-I-HIND GOLD MEDAL.

The King has been graciously pleased to make the following awards of the "Kaisar-i-Hind Medal for Public Services in India," of the First Class:—

The Rani Sahib Sita Bai of Wadhwan, Proprietress of Nakkapalli, Munagapaka and Anakapalli Estates, Vizagapatam District, Madras Presidency.

Mrs. Ida Margaret Ferard, Wife of H. C. Ferard, Esq., Indian Civil Service, Commissioner of Allahabad, United Provinces.

Rani Abhayeswari Debi of Bijni, Goalpara District, Assam.

Her Highness the Rani Shiv Kunwar Sahiba of Narsinghgarh, in Central India.

MENTIONED IN DESPATCHES.

The following are included in the list of names brought to notice by Sir John French for gallant and distinguished service in the field:—

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss M. M. Blakeley, Matron; Miss M. Mark, Matron; Miss A. B. Smith, R.R.C., Matron.

Miss E. Barber, Acting Matron; Miss E. C. Cheetham, Acting Matron; Miss E. M. Denne, Acting Matron; Miss E. C. Fox, Acting Matron; Miss E. H. Hordley, Acting Matron; Miss E. M. Lyde, Acting Matron; Miss L. E. Mackay, Acting Matron; Miss E. J. Minns, Acting Matron; Miss B. F. Perkins, Acting Matron; Miss C. G. Stronach, Acting Matron; Miss M. M. Tunley, Acting Matron; Miss A. L. Walker, Acting Matron.

Miss J. S. G. Gardner, Sister; Miss M. O'C. McCreery, Sister; Miss A. C. Mowat, Sister; Miss K. Roscoe, Sister; Miss L. M. Toller, Sister; Miss M. B. Williams, Sister.

Miss M. R. Casswell, Acting Sister; Miss M. T. Casswell, Acting Sister; Miss G. H. Caulfield, Acting Sister; Miss W. E. Eardley, Acting Sister; Miss A. H. Esden, Acting Sister; Miss M. G. C.

Foley, Acting Sister; Miss M. Hale, Acting Sister; Miss K. H. M. Holmes, Acting Sister; Miss G. M. Jones, Acting Sister; Miss E. M. Long, Acting Sister; Miss J. D. C. Macpherson, Acting Sister; Miss C. Sandbach, Acting Sister; Miss M. H. Smyth, Acting Sister; Miss M. E. Stewart, Acting Sister; Miss C. V. E. Thompson, Acting Sister; Miss A. P. Wilson, Acting Sister; Miss M. Wood, Acting Sister.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE RESERVE.

The Misses A. I. Baird, A. J. Bailey, M. S. Barwell, I. E. Church, M. A. Cain, C. Cameron, G. E. Custance, A. B. Denton, L. Evans, M. Gow, M. D. E. Knight, K. E. Luard, M. J. L. Lyons, C. Macleod, V. M. Marsh, M. Plaskett, H. F. Starbuck, M. R. Thomson, M. E. Vernon-Harcourt, E. Ward, E. F. Watkins, E. Wilson-Jayne, E. Willoughby.

AUSTRALIAN NURSES WORKING ON QUEEN ALEXANDRA'S MILITARY NURSING SERVICE RESERVE.

The Misses B. G. Cheeseman, M. Cumming, E. M. Hamilton, K. R. Heriot, M. A. Raye.

NEW ZEALAND NURSES WORKING ON QUEEN ALEXANDRA'S MILITARY NURSING SERVICE RESERVE.

The Misses E. L. Craig and E. C. Jordan.

TERRITORIAL FORCE NURSING SERVICE.

The Misses M. E. Atkins, M. D. Bain, A. Charlesworth, K. Davidson, E. Dodd, M. Edwards, M. E. Gregory, J. E. Hills, M. Hendry, M. G. Keene, A. M. Kelson, E. Kerr, M. C. Laing, D. A. Laughton, K. M. Martin, A. Lofthouse, J. M. Murray, A. Pear, F. M. Rice, M. E. Ruck, E. V. Scott, E. D. Smaill, Mrs. M. Walker, the Misses A. C. Watson, M. Wharton, M. E. Williamson, I. C. Woodford.

CIVIL HOSPITAL RESERVE.

The Misses M. Alexander (Birmingham Gen. Hosp.), W. M. Amos (Lond.), E. E. Appleton, A. C. Binnian and H. L. Brakefield (St. Bart's.), K. A. Brothwell, S. B. Burrell and K. M. Carthew (Lond.), A. E. Casserley (R. Southern, Lpool.), N. G. Clements and H. Daly (Lond.), A. Duncan (Glasgow R. Infirmary), E. J. Evans (King Edward VII. Hosp., Cardiff), B. D. Ford (Westmr.), E. V. Gascoigne (St. Bart's.), M. Gow (R. Infirmary, Edin.), C. M. Hogarth (St. Thomas's), M. Hopton (Charing Cross), S. A. Jarvis and K. Latham (St. Bart's.), G. D. McCrae (Cheltenham Gen.), E. H. Morley, R. M. Phillips (Lond.), J. W. Walker (Kilmarnock Infirmary), E. Ward (St. Bart's.), A. Weatherstone (Edin. R. Infirmary), L. Wimpenny (Royal Victoria, Newcastle-on-Tyne), M. Wolsey (Lond.).

THE SCOTTISH RED CROSS.

Miss K. F. Young.

BRITISH RED CROSS SOCIETY.

Lady Gifford, the Misses A. M. Bailey, R. E. Crowdy, E. J. Densham, F. Law, M. Whitson, Mrs. A. de Winton, Miss E. Williams.

NURSING AND THE WAR.

The accompanying portrait of Miss Margaret Clotilde Macdonald, Matron-in-Chief of the Canadian Army Nursing Service, which has sent some 700 Canadian trained nurses to this country, to take their share in the nursing of the sick and wounded, more especially those of the contingents which have come from Canada, will be received with pleasure by many Canadian Nurses, and the fact that the King has recognized their services to the Empire by bestowing the Royal Red Cross upon their chief nursing officer will be appreciated throughout the Dominion of Canada. Miss Macdonald has an office at Cecil Chambers, 86, Strand, W.C., from which she directs the work of the Service.

It may be stated literally that the salaries of nurses in many infirmaries have been raised at the point of the bayonet. Of course, it is the economic pressure of the war which has secured for many more adequate remuneration than they received before the war; when any special form of necessary labour is scarce it has to be paid for at a higher rate. Nursing in this country, being entirely unorganised work, and largely used in what are known as charitable institutions, has been very badly paid in so far as salary is concerned. Year by year the cost of treating the sick in hospital has risen and risen, owing to the greater cost of cleanliness, rent, rates, food, fire, laundry, scientific appliances, and male labour; thus skilled nursing has become more costly with every emolument provided for the nursing staff, but with this rise in the cost of living nurses have not realised that they have received higher pay.

War nursing is so popular amongst nurses that if the sick poor, the little children and their mothers, and the aged and chronic sick are to be

cared for, institutions responsible for their care must pay more highly to tempt nurses to do work which they find less interesting. It is all very human, and we cannot blame nurses overmuch for wishing a little "glory" on their own account.

The majority of voluntary and Red Cross workers, whose self-sacrifice is so constantly eulogised, have never even given a thought, nor an hour, to the care or solace of sick women and children, or the aged or mentally deficient poor. We have little hope that they will show a truer sympathy with real suffering when the war is past. Therefore do not let us grudge our real nurses—the women who throughout the Empire have done all the drudgery in the past—a passing change of work, which satisfies their love of country, even if a certain degree of excitement is also a factor in their desire to "go to the front." For our part we wish to see trained and skilled nursing available right up as near the front as possible.



MISS MARGARET CLOTILDE MACDONALD, R.R.C.

The National Union of Women's Suffrage Societies has sent out an urgent appeal in support of Maternity and Relief Work among refugees in Russia.

The peasant population from the whole of the battle-line between the Russian armies and those of Germany and Austria (mainly Poles and Galicians) have fled into Russia, and are now reported to be in unspeakable misery and to be dying by hundreds. Those who have seen them declare their distress to be even worse than that endured last year by the Belgian and French peasants, because numbers and distances are greater, and they have, besides all their other ills, to face the rigours of a Russian winter.

Skilled workers are urgently wanted, so the National Union of Women's Suffrage Societies

offered a Maternity unit to the Joint War Committee, and through the kind offices of Mr. Ian Malcolm, M.P., the Empress Alexandra and the Russian Government have accepted the urgently-needed help, on the conditions that Suffrage and political propaganda should be avoided, and that the name of the society should not be used in Russia. Charity suffereth all things and is kind, and Suffragists are the most reasonable of their sex. Many will no doubt realise that philanthropy—ever a makeshift for bad government—must be applied at this crisis of the world's history, when brute force is trampling all forms of principle underfoot, and will not take offence at this somewhat invidious bargain.

The National Union have secured as administrator Miss W. H. Moberly, and as professional organiser Miss Violetta Thurstan, who left for Russia on December 7th to make final arrangements, and they have also obtained the services of many highly skilled women whose experience fits them especially for this good work.

Miss Violetta Thurstan wrote from Petrograd on December 17th:

"I had a very nice welcome when I got here from a good many people who knew me before. Now as to the work. I found there was no choice at all as to place; they had made up their minds we were to work in Petrograd and had begun to build the Maternity Hospital, which is only a wooden construction—'baraks' they call them here—and will be ready in about three weeks from now they say. There were about fifty men working on it. I went there yesterday with Lady Georgina; first to the baraks, where the refugees are living. They are enormous barns and 25 to 30 families live in each. It was pitch dark when we got in, but after a bit one could see that a scaffolding had been built, making it into two stories. You could touch the top with your hand and the people living on the scaffolding above could touch the ceiling with their hand. All round the room shelves were run and people sleeping on them and the middle of the room was taken up with families too. The sides, I think,

are considered more aristocratic than the middle, it seemed to be a little cleaner.

"It was exactly like a rabbit warren; they all came pouring out of their holes when Lady Georgina appeared, asking for things. Each family had a space of about eight square feet. Many of them are ill or want looking after—children with sore eyes, discharging ears, tuberculous fingers, bronchitis and so on. One little baby was dying. Up to now the babies have been born in these baraks, and so far no baby has survived.

"Close by these living baraks is the big feeding barak, which the English colony have erected for the refugees, also of wood, but clean and airy.

Anything from 1,000 to 1,700 refugees are fed here daily. Four or five English ladies are on duty here daily, taking it in turns to come. They get three meals a day, two from the English and the third from the Russians. Soup in the morning at 10, rasha (porridge) and bread at 3.30, and then some Russian Sisterhood gives them tea and bread at 6 p.m. But those who are not well enough to leave the baraks where they live have no provision made for them. The Maternity Hospital—which is next door to the Feeding Barak—has 16 beds, operating theatre, &c., but no place for out-patients; something else will have to be managed for them."



A BUCK-BOARD.

The more one reads of the Great Trek from Serbia of our British hospital units the more

marvellous it is that with few losses the majority of doctors and nurses are at home safe and sound. No incident in the War has demonstrated more clearly the value of British grit, the quality that is going far to win the War.

Mrs. St. Clair Stobart has arrived, and is probably the first woman in the history of the world to take command of a field hospital in war time. Her history of the retreat with the Serbian army is heartrending, as it was not only the retreat of an army but of the whole Serbian nation, men, women and children all fleeing for their lives from the wrath to come. Mrs. Stobart rode at the head of her column as far as Ipek; she then

marched it on foot over the mountains of Montenegro and Albania, climbing through passes 5,000 feet high. The ox-carts were soon out of gear, the ponies starved, water scarce, and melted snow used as a substitute. The party slept at nights in the snow on mountain slopes, and later had literally to make its way over the corpses of dead animals which had fallen by the way. Dead and dying women and children lay by the roadside. No one could stop to do anything for them, or the column would have lost its place on the march. Ultimately after three weeks' terrible privation Mrs. Stobart guided her column to Medua, and thence, by the last Italian boat to Brindisi, and so home to England once more.

News has been received from Lady Paget that all the members of the Serbian Relief Hospital at Uskub are well. A loan for relief work has been obtained from the Bulgarian National Bank in Sofia.

Writing from Scott Sanatorium, Nairobi, B.E.A., a late member of the R.N.S. seems to have thoroughly enjoyed her adventurous journey from the coast. She writes:—

"I spent a week at Mombasa (the coast). Started my journey 11 p.m., Wednesday, September 6th. At 4 a.m. my train was blown up by a bomb. The engine rolled right over on her side; our carriage was only partly on her side, but for a few moments we thought we were going to roll down the bank. The carriage doors were jammed, and we (another girl, a wee boy of five, and myself) were pulled through the top of the window by a very kind sergeant. Later I will send you some snaps, at present they are not printed off. The train was delayed about thirty hours. Of course it was pitch dark, and what with the smell of gunpowder, the damp, and no lights, and miles from anywhere, it was rather lively. Soon we were well taken care of. Relief parties came in several lots, mostly Indian troops, who were guarding the line lower down and in other parts. The enemy have blown up several trains, but last time was the only time anybody was hurt, and then two Indians were killed.

"The girl, child, and myself were escorted down the line to the next station five miles off. Our trolley was surrounded by Indian troops and headed by a British officer. We stayed in the waiting room (a tin shanty). This man fixed us up with camp beds, &c., and on the whole we were in clover. The other passengers did not fare half so well as they had not enough food, and some of them rolled themselves in rugs on the railway bank by their luggage.

"When I think of it now I roar, for if it had been light I do not know what would have happened. I was on the top "bunk" and not quite undressed. When we were bombed we had to leave everything in the carriage and get out as we were. Our clothes, luggage, &c., were put out later, and we dressed on the railway bank. My 'boy' "

brought me my skirt and put it down for me to walk into. I was dressed in black silk knickers and a camisole only (I was too big with my heavy coat on to be pulled through the window, so it had to be left behind!)

"I should like to tell you some very quaint incidents, but—

"I spent a very interesting week at Rapids Base Hospital. There is a main building, very small, and many tents. All the Sisters sleep in tents too. A regular open-air life. I just loved it.

"Am sending a photo of a Buck-Board, our conveyance for getting about here in bad weather. They are splendid things for this rough country."

FRENCH FLAG NURSING CORPS.

After all the Canadian Unit has not arrived at Liverpool as we go to press. We only hope they will come safely to England, as travellers by sea in these days pass over the deep waters at the risk of their lives.

Mrs. Alfred Paine, Wharfedale, 48, Harpur Street, Bedford, has notified the Committee of the French Flag Nursing Corps that if members working in France will write direct to her at the above address if they want more Trench Feet Boots she will send them. We feel sure that the Sisters will be glad to avail themselves of this kind offer.

Sister Wadsworth is now settled to new work after months of hard work with the message unit at Evreux. She writes from the war zone: "There are many barracks here, each consisting of *bâtiments*. In our special barracks we have four *bâtiments*, which are given over entirely to wounded. Each *bâtiment* is a small hospital complete in itself, having its own *Salle de Pansement*, where operations can be done if necessary. Each Sister works alone, with *infirmières* of course, and I have a nun to help me, a most devoted woman, who has worked here since the beginning of the War. There is a well fitted up theatre, and as we get all the most severe cases we have to be ready day and night, as often the wounded are taken straight to the theatre. I am working under a splendid surgeon. As you know the French surgeons are thoroughly aseptic in their methods, and their cases do well. We are only half-an-hour's motor run from the trenches, and there is simply no other traffic on the roads but Red Cross Ambulances going to and from the Front, and occasionally numbers of big covered conveyances filled with soldiers going to relieve others. We are not in the town itself, but up on the hills, where we get a magnificent sweep of open country, and delicious fresh air. We are surrounded by hills which are all fortified, and from the top of which we can get a glimpse of the trenches. We hear guns

distinctly day and night, and during my first week here there was so much bombardment going on along the Front I could not sleep. It was like terrible thunder—the nearer sounds from the French guns, that more distant from the German guns. Now I hardly notice these sounds. This being a clearing hospital, as soon as the patients have been operated on and are doing well they are sent to the base. We only keep very serious cases who cannot be moved, and very light cases, who go straight back to the trenches.

"I want a few indiarubber rings, those to be inflated with air, as there is only one in the hospital, and that is being repaired to-day, and I have several patients who greatly need them, as they can not move at all in their beds. One poor fellow was suffering much to-day, so much pain in his back. He has lost one leg, and has a terrible wound in the other. Each movement gives him acute pain. He is decorated with the *Médal Militaire*, but when one sees his face of suffering, and the medal pinned on his shirt, one realises how dearly he has paid for this honour, and how much he has given his beloved country! I take it we are here to see these brave men wait for nothing we can procure for them to relieve their pain, so please send me the air cushions. Everyone is most kind to us here, and I am very happy. We sleep in one of the *bâtiments* that is used for storage and administrative purposes, and we are quite comfortable."

Three nice air-cushions and other things have been dispatched to Sister Wadsworth, paid for by the Sick and Wounded French Soldiers' Fund administered by the Committee of the F.F.N.C., and in support of which we are always pleased to receive gifts either in money or kind.

Christmas appears to have been very happily passed at Talence. At 6 a.m. the new English chaplain came out from Bordeaux to take the early celebration for the Sisters. At 10 the Matron and others went to High Mass in the Hospital Chapel, where a fine sermon was preached in beautiful and simple French by a Church dignitary (a "Chanoine") who is mobilised, and is a very intelligent sergeant in the kitchen department in the hospital, and who goes to early market every morning for the provisions. Many of the wards were prettily decorated and the Sisters had little teas and entertainments on their own account in true English fashion. In the evening there was a Christmas dinner, with English plum puddings, made and cooked by the Sisters, and gifts of these were made to the officers' mess, the gentlemen of the housekeeping department, and the cook, all of which we learn were partaken of with due traditional ceremony. Father Christmas was seen in one of the wards with a bandaged face under his beard, and a great deal of shortening in one leg; he, however, distributed his gifts in true military style, as if he were a very jovial general conferring decorations.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in home hospitals:—

Farnborough Hill, Farnborough.—Miss J. S. Hickie.

V.A.D. Hospital, Broughall Cottage, Whitchurch.—Miss E. P. Brenan.

Red Cross Hosp., Ashlawn, Rugby.—Miss B. William.

Mulgrave Castle, Whitby.—Miss E. Cooper.

Old Hastings House, Hastings.—Miss C. E. Skinner.

V.A.D. Hosp., Battenhall Mount, Worcester.—Miss E. Parkes.

Wicklow Lodge, Melton Mowbray.—Miss M. G. Hunter.

Red Cross Hosp., Tewkesbury.—Miss A. J. Shoorbridge.

De Walden Court Hosp., Meads Road, Eastbourne.—Miss E. Nelson.

Auxiliary Home Hosp., Penarth.—Miss E. G. Hobbs.

Dane John Hosp., Canterbury.—Miss L. Hogarth.

Red Cross Hosp., The West House, Thirsk.—Miss M. Davies.

Overcliffe Hosp., Westcliff-on-Sea.—Mrs. C. E. Henderson.

Red Cross Hosp., Henley-on-Thames.—Miss N. P. Wheeler.

Highlands Hosp., Shortneath, Farnham.—Miss C. Addison, Miss M. Laidlaw.

V.A.D. Hosp., Battle House, Goring.—Miss E. Collier.

Red Cross Hosp., Station Rd., Gillingham, Dorset.—Miss H. Monteith.

Mount Joy Hosp., Highcliffe, Hants.—Miss A. M. Fowler.

Hillsborough Hosp., Harlow, Essex.—Miss A. W. Bain, Miss L. Shulver.

Roseneath, Winchmore Hill.—Miss M. E. James.

Auxiliary Military Hosp., Buckenham Tofts, Brandon, Norfolk.—Miss J. Croxford.

Red Cross Hosp., Hawkstone, Fareham.—Miss E. Corder.

Auxiliary Military Hosp., Nethercourt, Ramsgate.—Miss K. E. Baker.

V.A.D. Hosp., Waterlooville, Hants.—Miss H. L. Blackburn.

Military Hosp., Merstham, Surrey.—Miss M. A. Macfarlane, Mrs. H. Strong.

Red Cross Hosp., Felsham Park, St. Leonards.—Miss L. M. Dowse.

Yarrow Military Hosp., Broadstairs.—Miss R. A. James.

Kempston Hosp., 3, Granville Rd., Eastbourne.—Mrs. F. M. Price.

THE ORDER OF ST. JOHN.

Mr. Evelyn Cecil, M.P., on the nomination of Lord Plymouth as Sub-Prior and with the approval of the Grand Prior, the Duke of Connaught, has been appointed Secretary-General of the Order of St. John of Jerusalem in England in succession to the late Rt. Hon. Sir Claude Macdonald.

Mr. Cecil is a Knight of Grace of the Order.

THE CARE OF THE WOUNDED.

On the continent portions of many Royal Palaces have been utilised as hospitals for the sick and wounded. In Russia and Italy beautiful saloons have been given up for this humane purpose, and the Tzaritza in Petrograd, and the Queen of Italy in Rome, are in personal attendance. The conservatory at the Royal Palace at Potsdam is also adapted for the wounded.

Lord Kitchener last week paid a surprise visit to the 3rd London General Hospital, Wandsworth, and accompanied by the Commanding Officer, Lieut.-Colonel Bruce Porter, went through all

wounds. At the present time many depots have been formed in England and Scotland for the supply of war dressings, and a scheme has now been started in various centres in Ireland for the collection of a variety of hospital dressings, standardisation being arrived at. It is proposed to send regular supplies of them to hospitals abroad, and particularly to Etaples, where the St. John Ambulance Brigade and numerous other hospitals have been built.

Sphagnum now has been proved to be a cheap, comfortable, and effective absorbent dressing, having certain advantages over ordinary cotton wool. Its absorbent powers are great; it will absorb eight to ten times its own weight. This



THE CONSERVATORY, ROYAL PALACE, POTSDAM, NOW A HOSPITAL FOR THE WOUNDED.

the wards and departments and spoke to many of the men. He was particularly interested in the X-ray department, and the steward's store, and stopped to speak to convalescent soldiers who were walking or being wheeled about, and chatted with several who were going to a theatrical entertainment.

MOSS FOR DRESSINGS.

Mr. J. Lumsden, of St. John Ambulance Brigade, Dublin, writes to the press:—

"I wish, through the medium of your paper, to appeal to people living in the country in the neighbourhood of bogland to collect and supply us with bog moss, known as *sphagnum* (*cymbifolium* and *cuspidatum*), for which there is now a large demand, as an absorbent surgical dressing for

moss is found in moist and wet places, generally on moors, and in this country there is, I understand, a plentiful supply. It should be well dried by natural or artificial means—preferably by exposure to sunlight and wind. It can be readily dried, after wringing by suspension in coarse sacking-bags. Full particulars as to its collection can be obtained on application, and it is hoped that large and regular supplies will be sent to our joint depot here or to the depots being started in the provinces. It will then be put up in muslin bags of various sizes, and will be sterilized here before being sent out to the front.

"I have recently visited a large war hospital supply depot in London, where *sphagnum* is being largely used, and was told there that any quantity of the moss would be gratefully received. We,

therefore, propose sending any surplus supply over and above our own needs to London. It is of interest to know that for the past thirty years sphagnum moss has been one of the standard absorbent dressings in the German hospitals. The demand for sphagnum would give our friends in the country an opportunity of assisting, in a practical way, our scheme for the supply of dressings for our gallant men so valiantly fighting at the front."

Our illustration shows one of the French horses being attended by the surgeons of the Blue Cross Fund in France. The Blue Cross Fund has been doing invaluable work for the wounded horses of our French Allies and is deserving of all support.



WOUNDED HORSE ATTENDED BY SURGEONS OF BLUE CROSS FUND IN FRANCE.

At the beginning of the War Our Dumb Friends League, of which Lady Smith Dorrien is the President, seeking a way to be as useful as possible, decided to place its organization and experience at the service of the French Army. The Secretary of the Blue Cross Fund is Mr. Arthur J. Coke, 58, Victoria St., London, S.W., to whom contributions may be sent.

It is indeed the irony of fate that the lovely Palace, the Achilleion, erected in the island of Corfu, by the late Empress Elizabeth of Austria, and acquired by the German Emperor, is to be taken over as a hospital for wounded Serbians. A more exquisite place cannot be imagined—we all do remember a glimpse we had of its beauty—having driven there one spring day between hedges of flowering roses, under a

cloudless sky of blue. Here we looked on a dwelling place in which it were easy to imagine the deities of ancient Greece taking their pleasure when weary of Olympus and the thunders of Jove. May the heroic Serbs be soon restored to health in the stillness of its marble repose.

The staff and patients of the Canadian Convalescent Hospital, Bear Wood, Wokingham, will be pleased to receive visitors on Wednesdays, Fridays, and Sundays, from 2 to 4 p.m.

THE RED CROSS BUDGET.

The Report of the Joint Finance Committee of the British Red Cross Society, and the Order of St. John of Jerusalem, with a Statement of Accounts for the year ended October 20th, 1915, explains how £1,642,271 was spent on the sick and wounded.

The statement shows how different branches of the work appealed to different donors. Thus, while roughly half the contributions went into general fund, more than half a million pounds—almost one third of the entire year's income—was specifically directed to the "Transport of Wounded Fund," in other words, to the purchase and upkeep of Motor Ambulances.

It is interesting to note as an instance of the difficulties which beset the administration, that while some of the special funds have had to be heavily supplemented from the General Fund, others have a considerable unused balance outstanding, and it is not surprising to find the Finance Committee pleading that their work would be simplified "if a larger proportion of our receipts came into the General Fund, rather than into earmarked funds."

The greater part of the money has naturally been spent abroad, and the heaviest item is for the "Transport of Wounded," that is, the Motor Ambulances. The sum expended on the purchase of vehicles was £446,400; to work and maintain them cost £169,562. By far the greater part of the fleet is working in France and Flanders, the remainder being distributed between Egypt, Malta, Serbia, Italy and Great Britain.

The report concludes with a warm acknowledgment of the Committee's obligation "to all who have enabled the work to be carried on."

APPOINTMENTS.

MATRON.

Queen Victoria Hospital for Seamen, Las Palmas.—Miss A. Mary West has been appointed Matron. She was trained at Swansea General and Eye Hospital, and has wide experience. She has been Deputy Matron and Night Superintendent at Newport and Monmouthshire Hospital, Matron Abergavenny Hospital, Nursing Sister Anglo-American Hospital, Matron East Africa Nursing Association, and Matron British Eastern Auxiliary Naval Hospital attached to the British Naval Mission in Serbia.

Carnarvonshire and Anglesey Infirmary, Bangor.—Miss E. Lloyd Rees appointed Matron. Trained Stanley Hospital, Liverpool, Theatre Sister also Outpatient Sister at same, Sister, Ward and Outpatients, Harrogate Infirmary, Sister, Wards and Theatre, Accident Hospital, Ebbw Vale, Charge Nurse, Men's Ward, and Theatre, Bangor Infirmary, Sister Men's Ward and Theatre, West Cumberland Infirmary, Whitehaven.

Fever Hospital, Bridgend.—Miss M. Walters has been appointed Matron. She was trained at the Bethnal Green Infirmary, and has held the position of Charge Nurse at the Borough Sanatorium, Hastings; and of Deputy Matron and Night Superintendent at Allt-yr-yn Hospital, Newport.

SUB-MATRON.

Public Hospital, Wellington, New Zealand.—Miss D. Weaver has been appointed Sub-Matron. She was trained at the General Hospital, Wolverhampton; and has held various posts in England and New Zealand, and is a certified midwife.

CHARGE NURSE.

Workhouse Infirmary, Plymouth.—Miss Edith Russell has been appointed Charge Nurse. She was trained in the same institution, and has held the position of Sister at the Lake Hospital, Ashton-under-Lyne; and at the Union Hospital, Oldham.

Whitechapel Union.—Miss C. Seal has been appointed Charge Nurse. She was trained at the Derby Union Infirmary, where she was afterwards Charge Nurse.

SCHOOL NURSE.

Education Committee, Batley.—Miss C. O'Brien has been appointed School Nurse. She was trained at the Bermondsey Infirmary, and has held the position of Staff Nurse at the Western Hospital, London, and the Springfield Sanatorium, Newport (Mon.); and of Sister at the Borough Isolation Hospital, Merthyr Tydvil. She is a certified Fever Nurse (Fever Nurses' Association), and holds the certificate of the Royal Sanitary Institute.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Following Matrons are retained supernumerary to establishment:—Miss Amy Nixon, R.R.C. (December 19th); Miss Louisa W. Tulloh, R.R.C. (April 30). Following Sisters to be Matrons:—Miss Annie F. Byers, R.R.C. (December 19th); Miss Edith C. Cheetham (April 30).

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Lucy Crosse is appointed to Reading, Miss Emma Gladwin to Carcroft, Miss Amy L. Pell to Manchester (Salford), Miss Mary J. Scott to Grantham, as Senior Nurse; Miss Katharine Sykes to Hebden Bridge, Miss Carrie Tallis to Boughton.

TUBERCULOSIS SCHOOL FOR TRAINED NURSES.

EXAMINATIONS.

Of the 20 candidates who sat for the written and oral examinations held on the 6th and 8th November, 1915, at the Tuberculosis School for Trained Nurses (The Royal Hospital for Diseases of the Chest, City Road, E.C.) which were preceded by a Course of Lectures and practical work, the following were successful in obtaining certificates:—

A.—With Distinction.—Mrs. Jessie A. Clarke, Miss Emma E. Cox, Miss Eva M. Fryett, Miss Frances Gibson, Miss Constance M. Kinnerley, Miss Emily Routledge.

B.—With Credit.—Miss Mary S. Brandreth, Miss Annette M. Cook, Miss A. Awbrey Hill, Miss Gertrude E. Newton, Miss Ethel Walton, Mrs. Hilda M. Waugh.

C.—Passed.—Miss Winifred A. Chenery, Miss Mary A. Smith, Miss Hannah Steel, Miss Milly Taylor.

THE PASSING BELL.

We regret to report the death of Sister Ada Stanley, recently a member of the staff of the Sheffield Base Hospital.

Miss Stanley, who was a member of the Territorial Force Nursing Service, was posted to the Third Northern General Hospital, Ecclesall Road, Sheffield, in January of last year. In July, she was ordered on active service abroad. She was attached to H.M. hospital ship, *Mauvetania*, and it was while she was attending patients being conveyed from the Eastern theatre of war that she contracted dysentery. She died in Netley Hospital.

In the little wooden church erected in the grounds of the Base Hospital, the Bishop of Sheffield conducted a memorial service for the deceased sister. In addition to a number of patients, R.A.M.C. orderlies, and some hundred nurses, there were present the Matron (Miss Earle), Mrs. Burrows, Colonel A. M. Connell, and Lieutenants D. Stout and R. Furnell.

The Bishop addressed himself briefly to the congregation, and in simple language touched upon the heroic devotion displayed by the women of the country. The example of Ada Stanley, he said, should inspire those who knew her with stronger faith, and it should give comfort to those who mourned her loss. Great truths were exemplified at such times as these, and the beauty of faith was manifested in the deeds of heroic women such as Ada Stanley.

The scene in the little church, with the blue-garbed wounded soldiers and the white-capped nursing sisters, was singularly impressive.

NURSING ECHOES.

Miss Amy B. Curtis, the new President of the Victoria and Bournemouth Nurses' League, whose portrait we publish on this page, was trained at the Southwark Infirmary, East Dulwich, under Miss Armit, and afterwards held the position of Head Nurse at the Miller Hospital, Greenwich. Later she became House Nurse at the Victoria Home for Paying Patients, Cambridge Road, Bournemouth, and, subsequently, Sister-in-Charge at the Home of Good Hope, Bournemouth. She has also had experience of private nursing. She has now, as we have notified, received the high honour of election, by her colleagues, to the vacant Presidency of the above-mentioned League, upon the retirement from office of Miss Christina Forrest, the Founder of the League. We feel sure Miss Curtis will emulate the devoted services to the profession as a whole, of her distinguished predecessor. We wish her a happy and successful reign.



MISS AMY B. CURTIS, PRESIDENT, VICTORIA AND Bournemouth NURSES' LEAGUE.

We are glad to learn that the sale of work of the Missionary Nurses' League has been a success, and that £44 has been received. There are still some nice things left for sale, and Miss Richardson will be glad to send them to members who can dispose of them. Some really beautiful work was received this year, and those who worked for the Sale will be pleased that the results have been so good. We know many nurses who have never heard of

the Nurses' Missionary League. It was founded in 1903, for the special purpose of bringing before all the members of the nursing profession the importance of the missionary enterprise, and the great opportunity which medical work affords for the extension of the Kingdom of God, and thus to arouse interest and secure offers of personal service for the foreign mission field. During the twelve years of its existence some 2,000 nurses have become members of the League. The majority of these

are in hospitals in all parts of England, Scotland and Ireland, and the others are in private, district, and other work: 210 have gone abroad as missionaries.

A Sister writes from Rome:—

"Christmas has come and gone, but many pleasant memories will remain of a very happy day, despite the sadness which is inevitable whilst we are passing through such a national crisis. At the Policlinico, Rome, *la festa* was in evidence everywhere amongst the many pavilions and the 1,500 patients.

"The greater number of beds are occupied by Italians, whilst at the Scuola Convitto, where the

Queen of Italy has a school for training Italian ladies in the English methods of nursing, there are 350 beds, some of which are occupied by *militari*.

"Mass was sung at midnight in the chapel of the Scuola Convitto by the Italian nurses, and all the English nurses and Sisters were permitted to attend Holy Communion at All Saints' Church at an early hour. All the wards

were gaily decorated, and throughout the day many pleasant visits were exchanged by patients and nursing staff.

"Each invalid unable to get up had the distinguished pleasure of an illuminated Christmas-tree all to himself; it certainly formed a very pretty evening scene to stand at the end of a ward of forty beds and see the twinkling lights amongst the trees and evergreens. Each tree, of course, bore its national colours—green, white, and red.

"Those well enough to be up visited other wards, and received presents from huge *alberi di Natale*. During the evening time passed very happily and all too quickly, with gramophones, games, and guessing competitions. Alas! eight o'clock and lights down, and with it came the night nurses. Reports were handed over, after which we all met in our charming dining-room and feasted upon the good things provided for our Christmas dinner. Our Matron, Miss Snell, presided, and Sister Watney (Home Sister) and her two nurse assistants were kept extremely busy attending to our appetites. Our glasses were raised to the healths of the King and Queen of Italy, our own King and Queen, the professors, *la Principessa Doria*, the Allies, and finally the cheers re-echoed for Miss Snell."

On Tuesday last the Bishop of Sheffield opened a Nurses' Club at 82, Brunswick Street, Havelock Square, Sheffield, which it is hoped will prove of much service to the nurses of the city, who at present have no centre where they can meet, or spend their time off duty. The subscription is 2s. 6d. per annum, for which the usual facilities of a club will be provided. Tea will be obtainable at 6d. per head. All members of the National Union of Trained Nurses received invitations for the opening ceremony, and an open invitation was extended to nurses in the city from 7 o'clock onwards, when the nurses gave a concert, and light refreshments were provided. The Committee includes the names of the Matrons of nearly all the hospitals in Sheffield, and the Hon. Secretary is Miss C. F. Payne.

It is proposed to raise a fund to commemorate the memory of Sister French, of the Royal Infirmary, Manchester, who died on November 20th, after thirty-five years of loyal and devoted service. It is hoped to complete the panelling in the chancel, and to place a tablet in her ward. We do not doubt the memorial will be warmly supported.

SOME HOSPITALS I HAVE SEEN.

(Continued from p. 531.)

THE CHILDREN'S HOSPITAL, TORONTO.

It would be hard to find a children's hospital under management more efficient and treatment more scientific and up-to-date than the Children's Hospital, Toronto. Miss Potts, the Superintendent of Nurses, attended the San Francisco Convention, and we were very glad to meet her again. This Hospital, which is about to affiliate with the Isolation Hospital, contains 240 beds. There are 86 pupil nurses and 10 graduates, numbers which ensure the efficient nursing of these interesting little patients. Precautions against infection, and the treatment of infectious diseases, are admirable, and, as a natural sequence, the results are most satisfactory. There is, of course, an observation ward. I say "of course" advisedly, because obviously it *ought* to be part of the structure of every children's hospital. Other precautions are: (1) Every child has his own separate basin, cup, tray, toothbrush, &c.; (2) The things are sterilized after use; (3) Whenever infection breaks out, that ward becomes the isolation ward. The well children are kept in the ward, but the individual cot is isolated; the results justify the method. The well-known Mr. John Ross Robertson is a generous benefactor to this hospital. Besides subscribing £2,000 annually, the Lakeside Hospital for convalescent children is entirely his gift. It is an ideal spot. The slab bath is used here for the little ones. On this Continent it is customary to have, as part of the equipment of the hospital, an automobile service for the purpose of bringing to or removing patients from the hospital. It is the case here. It ought to be regarded as an indispensable necessity.

After our interesting inspection we were hospitably entertained to lunch. A few days later in the hall of the Nurses' Residence, which is large and handsome enough for the entertainment of King George and Queen Mary, we were entertained at an "At-home," where I think we must have met all the nicest people in Canada! Among them, besides our gracious hostess Miss Potts, were of course Miss Snively, and Miss Gunn.

ANOTHER CHILDREN'S HOSPITAL.

"Mr. Ross Robertson has been there, he goes to see all the children's hospitals, and he says it is the finest he has seen, *the last word* in fact, in children's hospitals." Thus spake Miss Potts when she heard we were likely to visit Boston. So when we accepted Miss Parsons' most kind and attractive invitation to be her guests at the Massachusetts General Hospital in that city, we took advantage of the high recommendation. Scientific treatment usually means simplicity, for the *simple* reason that science is the faithful follower of Nature. This Institution is worked upon one broad principle, classified under one heading, namely: (a) Prevention of infection, (b) Outdoor treatment, (c) Ventilation.

That is what one might call the *negative* treatment; of *positive* treatment there is practically none. With rare exceptions no drugs are given. The unit system (which I have mentioned before) is one of the newest things in hospital construction, and obtains here in this one year-old hospital. It consists of two wards, two isolation wards, two sun parlours. N.B., it is interesting to compare the two methods of treatment in respect of isolation, the results probably being equally good. Powdered soap is used here. I observe that the use of liquid and powdered soap appears to be getting very common; it is undoubtedly very convenient, especially for children and helpless patients.

The finest system of warming and ventilation is in force here. I fear I dare not encroach upon space so much as to describe it in detail. There are 64 nurses to 132 beds. I like to give the proportion as it serves the purpose of demonstrating the number necessary for the *efficient* nursing of the patients. This is one of the institutions affiliated to the Massachusetts General Hospital, so that the nurses in the course of their three years' training (which is meant to qualify them essentially for the nursing of children) obtain a few months' adult training. In addition the pupils also go to "Simmons's College" of Domestic Science, which is close by, for four months' training. I cannot say whether this is compulsory or not. Education and *more* education seems to be the "slogan" of the American nurse. Let us "follow after."

Anaesthetics are administered by a Graduate Nurse. In Hospital construction this one seems to be perfect. In another letter I mean to refer in detail to our visit to Boston as the guests of Miss Parsons. It was one of the happiest experiences of our tour.

PERCY BIGLAND

BICENTENARY OF THE FIRM OF ALLEN & HANBURYS, LTD.

200 YEARS IN PLOUGH COURT.

A firm who have established and maintained the prestige attained by Allen & Hanburys during a period of 200 years, and have branch houses in all quarters of the globe, have good ground for celebrating their 200th anniversary, and this interesting occasion was commemorated by the presentation of an oil portrait painting to Mr. Frederick Janson Hanbury, Vice-Chairman of the Company, painted by Mr. Percy Bigland, and a cabinet of silver and a silver centre-piece to his co-director, Mr. W. Ralph Dodd, with illuminated addresses. In view of the serious times through which the nation is passing, the presentations were made privately; but so unique an occasion cannot be passed over without notice.

The presentation of these gifts, to which employees of the firm, at home and abroad, subscribed, was made at the Liverpool Street Hotel by

Mr. F. W. Gamble, another director, who acted as Chairman, who, in the course of an interesting speech, said that the foundations of the Plough Court Pharmacy were well and truly laid by Silvanus Bevan, who "stamped the business with his own characteristic sense of justice and honesty." "Coming to our own time, the stage," he said, "is almost filled by the now venerable figure of Mr. Cornelius Hanbury, who attains next year to his golden jubilee as a partner in the firm, and creates an easy record of long and earnest devotion to his responsibilities."

Mr. Gamble reminded those present that their Vice-Chairman had been a partner in the Company for over 40 years, and it was a source of the greatest gratification to all the employees at home and overseas to have the privilege of offering him their congratulations, not only on the fact of this anniversary, but on the circumstances in which it found the Company placed.

Inseparable with the twenty-two years since the Company was incorporated was the name of Mr. W. Ralph Dodd, and they offered him congratulations on the bicentenary of the firm and on the personal position he had achieved therein.

It is interesting to learn from the speech in which Mr. Frederick J. Hanbury returned thanks for the gift made to him, that in the early part of last century most of the Anti-Slavery meetings were held at Plough Court, where Lord Brougham, Wilberforce, Clarkson, and other pioneers of this grand work were constant visitors. Mr. Hanbury further pointed out that outward circumstances and conditions were ever changing, but the fundamental principles by which the firm's policy should be governed were permanent and enduring.

This journal sincerely wishes the firm the continuous prosperity which its high policy has gained, and which it has so thoroughly merited. In particular, we have the warmest recollection of Mr. Cornelius Hanbury, as Almoner of St. Bartholomew's Hospital, during our tenure of office as Matron there. Nothing could exceed his consideration, courtesy and fatherly kindness, of which we have grateful remembrances.

LORD FRENCH OF YPRES.

It is announced that on the occasion of his elevation to the peerage, Field-Marshal Sir John French will assume the title of Viscount French of Ypres, thus commemorating the great battles in which he, and the little British Army then on the Continent, barred the German way to Calais.

WORD FOR THE WEEK.

Give me a spirit that in life's rough sea,
Loves to have his sail filled with a lusty
wind.

* * * * *

Two men looked out from prison bars,
One saw mud, the other, stars.

STATIONER

BOOK OF THE WEEK.

"BACK OF THE FRONT."

"Back of the Front," as Mr. W. L. Courtney, M.A., LL.D., says, in his introduction, is "a very pathetic and interesting record. But there is something more in it than its interest, or its appeal to human sympathy. It is quite unpretentious, and therefore convincing—a straightforward account of certain poignant experiences undergone by a Scotch girl when she was nursing French and British wounded during the opening months of the Great War."

Miss Phyllis Campbell relates that in July, 1914, she was studying in Germany, when suddenly and without apparent reason, her aunt arrived from Paris and insisted on her return. There was considerable unpleasantness in the school about her leaving, but, the aunt being a very determined person, on July 4th they were in Paris.

Later, a friend, going to England, offered them the loan of his country house some distance from Paris, in the great forest which stretched from Marly to Crèpy-en-Valois.

"In the forest all was calm and peaceful. The trees murmured together like the sea, there was a wandering perfume from the undergrowth, and little odd snatches of bird songs. The people sang as they went too and fro. Even the train noises were modified into a sort of music—rushing through the greenness like the breaking of a great wave."

France, in those days, seemed pleasure-loving, without religion or spirituality. "One hated to agree with the wearisome repetition of the German opinion, 'France is corrupt,' but dearly as I love France," says Miss Campbell, "I thought that was possibly true."

Old Madame D'A—— tersely explained the situation.

"*Ma Petite!* when a man is humiliated, he gets drunk to forget. When a great nation is humiliated, it is the same. France is only forgetting. But hearken well, when the time comes, she will be sober enough. *Sapristi!* Yes!"

"So dawned Saturday, the 1st of August. A low, dull, brooding, smoky day, under a canopy of silence."

"Madame D'A—— came over in the morning and took us home with her in the car to déjeuner."

"My little English ones," she said, "I know not exactly what is the matter with me. It is perhaps my liver. But I am suffering with a great uneasiness. I feel as if an earthquake were about to happen. What absurdity! Yet I feel it. So please be cheerful. Let us laugh!"

"Suddenly into the murky thickness of the afternoon burst the ringing of the old church bell—such a strange ringing!"

"Clank! Clank! Clank!"

"Madame D'A—— reeled a step back, the

soldiers came suddenly to attention, the old man seemed to become rigid, the people on the terrace came to a sudden halt. Whatever anyone was doing, he or she froze in the act. All animation seemed smitten into abeyance by that dreadful bell.

"The tocsin!"

"The next instant we were all flying along the path to the church. On the church steps stood a man with a drum, the sticks suspended in his fingers. His face was as white as marble, and his black eyes looked out of it with a kind of furious anticipation—joy yet terror. The bell ceased and the drum began; for about sixty seconds it rolled out its imperative summons over the heads of the gaily-clad crowd of pleasure-seekers, all silent now. In dead silence, over the motionless crowd the drum throbbed out. . . .

"Suddenly, the drum stopped, and in a high clear triumphant note the man began to declaim.

"He finished; brought the drumsticks down again, in a long roll; descended the steps and was gone. In utter silence the crowd melted away; not a word of comment, not a sound of acclamation, protest or approval. They were all gone and with them that old world we knew. There, at that moment, died 'corrupt' France, and under the hot, grey August sky, leaped in silence into being France—Regenerate, Immortal, Splendid.

"Germany has declared war against us and her troops have already invaded our soil."

Next is shown to us the advance of the whole French Army. "There we saw for the first time that new and splendid France, before whom, as before Belgium, the whole world bows in admiration and respect."

"It was midnight, but all the world was on the Route de Paris, to bid them 'God speed.' . . . Many of these men were known to us. One was our baker, another the son of a multi-millionaire, another a priest, and another old Peter's second son; yet these grave noble faces had all a likeness to each other that was very remarkable. It was the expression I had seen on the face of the drummer on the church steps—a kind of exultation, a fierce joy. We, too, were speechless in face of it. It was as if these great knightly men were each exulting inwardly at the prospect before them. They were going out to wipe the stain of conquest from off them. They had found themselves. France was suddenly stripped bare to the soul, and behold! the soul was a pure white light of knightly splendour. Now, in silence, they departed to lay down their lives for France."

Then the women left behind did what they could to qualify for the work they foresaw would some day be demanded of them. "We went with 'Latty,' as we called her, and bandaged a dummy, or each other, and learned how to sterilize things, how to use certain surgical instruments, and to wait on the surgeon at imaginary operations. . . . Then, one morning, Latty came with the Commandant, and her sweet face was all puffed with weeping and her eyes strange.

"On!" my little English, she said, "I have

* George Newnes, Ltd., 8-11, Southampton Street, Strand, London, W.C. 1s.

come to demand your help. You are so cool, you English, you keep your heads—yet it is so dreadful . . . Will you come with me to A—— and succour the refugees? . . . Oh! they are terrible—these poor things. They have nothing naked most of them, wounded—homeless. God have mercy on brave Belgium!"

So they went to the "Post" of the Ambulance, where there was evidence enough of the evil work of the "Boches." "There were women covered with sabre cuts, women who had been whipped, women all burnt alive in escaping from their blazing homes. Old men and children—little boys maimed in the hands and feet, their wounds done up in sacking, or any kind of old rag."

Later came along the first train of wounded.

"The train was made up of cattle boxes, heaped with men. Some of the doors were shut to and a red stream oozed slowly under them. Others were open, with a little straw here and there over the wounded. As the train drew up before us, Latty and I were facing an open waggon. At one side of the door sat a soldier who had lost both his legs; he was supporting a boy whose arms were gone; both were bleeding copiously and unconscious—as I followed Latty with the *pansement* box, the cry of the wounded resolved itself into words. '*A boire! A boire! A boire!*' (A drink! A drink!)

"In all the horrors of that night the cry for water clings most to my memory. How long these poor shattered soldiers had been lying there, heaped up, many dying with the dead, we never knew. Nor did we even know from whence came that first terrible load of suffering. . .

"A man was taken out to die, but the *majeur* says he will live, and has sent him to hospital. This man told us that Joan of Arc is with the French Army in Lorraine, and has been seen also at Nancy. Latty believes it firmly, but Madame P—— and Raoul still scoff.

"The wounded poured through the 'Post' the whole day, and they were very miserable. One Highlander implored me to run away. All the time I was assisting with his *pansement*, he kept urging us to fly. 'Get awa', Lassie,' he said, heavily. 'They're no men—they're devils; all Hell is open now.'

"His dying eyes, wide and clear blue, seemed to still look at an awful something beyond us. 'Oh! women, dear,' he said, weakly—but he could say no more. His hand lifted feebly and pointed to the forest. I think with his latest breath, he urged us to escape—little knowing that there was no escape possible."

But, on the arrival of other trains, the outlook was changed.

"Early in the night a train came in with a load of badly wounded. We were fighting a rear-guard action, and the wounds were terrible, but though these men were worse physically than those of the night before, their spirit was totally changed—and they all talked of Joan of Arc—Joan of Arc had appeared to the troops and saved them

from disaster. They begged for medals, or Holy pictures, repudiated any idea of weakness or dying. Some of them, though bled white, declared themselves fit to go back to the front immediately their wounds were dressed.

"One man would not let me touch him till he had related how he saw St. Michael the Archangel."

On the twenty-fourth of August the wounded came from the retreating army, but they "were in a curious state of exaltation—they talked not of defeat but victory, and spoke of Joan of Arc and St. Michael riding white horses, and turning back the foe. Some of the men spoke also of the Germans falling dead in their ranks where Joan of Arc and her companion, Michael the Archangel, had intervened between the contending hosts. . . . The men's wounds were horrible, they were in a state of absolute physical exhaustion, yet not one of them was depressed or despondent. . . .

"The English boys were more reticent than the French; they did not confide in us so easily, nor were they so readily comforted. . . . They all had the same strange 'exalted' look, and also they, after their wounds were dressed, spoke of St. George on a white horse."

One man, a Breton, put the situation thus:—

"It must be a pretty hard case for us, when God has to send his best fighting man to our aid. You see, Mademoiselle Mees, it is an ancient feud between Satan and St. Michael. He got turned out of heaven—now he will get him off the earth, but it will take time."

Let us conclude with the words of Sister Gabrielle Maurice Larroque, Chef de Salle, "C."

"The wounded have spoken of apparitions of Joan of Arc after the battle of the Marne. This would be in the same places where she showed herself again with St. Michael. But I know that all these facts have been recorded, and that the matter will be explained with the dates, places, and irrefutable evidence after the war. That is all one can say at the moment."

Let us leave it at that.

P. G. Y.

SUCCORY.

In a strange burial ground
Searching strange graves above
By a sure sign I found
Where lay my love.

Bluer than summer skies,
Than summer seas more blue,
Looked from the dust his eyes
Whose death I rue.

Sweet eyes of my sweet slain
Lost all those weary hours,
Lo, I beheld again
Turned into flowers.

—LEONIE JENKINS.

COMING EVENTS.

January 8th.—Meeting Executive Committee Society for the State Registration of Trained Nurses. To consider a Circular Letter from the Hon. Arthur Stanley, M.P., Chairman Joint War Committee, dealing with the Organisation of the Nursing Profession. 431, Oxford Street, London, W. 4 p.m.

January 21st.—The Matrons' Council: Annual Meeting, 431, Oxford Street, London, W. 3-45 p.m. Tea.

Meeting National Council of Trained Nurses, 5 p.m. To receive a report from Delegates to International Council Meeting and Nurses' Convention, San Francisco.

January 22nd.—League of St. Bartholomew's Hospital Nurses. The Winter General Meeting, Clinical Theatre, Medical School, 3 p.m. Social Gathering, Nurses' Sitting Room, Nurses' Home.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your correspondent, T. D. Butler, writing on the subject of Nurses' Uniform, says that "Nurses in hospitals, who for the most part get only two hours off duty, have no time to waste in changing their dress." Is it possible that any nurses are, in these days, so regardless of the welfare of their patients as to wear in the streets, and in cabs and omnibuses, the same dresses that they wear in the wards? If so, they are indeed whited sepulchres. Whether a nurse wears uniform or not, it is incumbent upon her to change her ward dress for one which she keeps for outdoor use, preferably a dark one to match her cloak. That, however, is a matter of taste; but the wearing of a different dress is as much a matter of duty for the protection of her patients as is the preparation of her hands.

Outdoor uniform can never be discarded by nurses while the rate at which they are paid is so small, for it is manifestly impossible that they should dress as gentlemen, pay for their holidays, put by for a rainy day and for old age, and discharge their other obligations, on salaries averaging from £25-£40 per annum.

Outdoor uniform is a necessity, if nurses are to appear neatly and suitably garbed in the streets. I know that some hospitals give two hours off duty daily. It always seems to me a most unpractical arrangement, not permitting of any real change of thought and scene. Three hours might well be given every day; but, if an average of two hours is all that can be managed, let it be one hour one day and three the next alternately, with occasional half and whole days.

SUPERINTENDENT.

ASK ANOTHER!

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your issue of November 6th, 1915, page 378, paragraph 4, you republish extracts from a contemporary. As you have seen fit to republish these accounts, and being somewhat interested in the operations at Gallipoli, I would esteem it a favour if you would answer the following questions. Miss Breakey states that the troopship, on which she sailed, encountered enemy cruisers. How is it that she was on a troopship with other sisters? What was the name of the said troopship? Was she sent into the Captain's den? Where did she land on Gallipoli, and why? Who was responsible for her promotion? What were the D.M.S. and D.D.M.S. and A.D.M.S. doing, that an untrained woman should be responsible for the directing of operations on the field? Army mules are not generally ridden by women. What does she mean by being in the thick of the fray? and a long way from camp. What camp? Why was she not arrested for being illegally in possession of Government property, i.e., one great coat? Since when were cavalry mounted in Gallipoli engagements? Did she ever see wounded brought from the field on Artillery waggons? Where were the ambulances? Who was the Australian officer who taught the parrot to say, "When Irish eyes are smiling?" I would like to engage this officer to teach birds to speak in so short a time. I would soon be able to buy Gallipoli from the Turks with the services of such a man, as this officer. Being on the Peninsula from landing until a month ago, I am rather interested in these extracts of contemporary.

"BLOB."

Cardiff.

[Our correspondent will note if she refers to our comment on the quotation in question that we asked the War Office if Staff Sister Hemietta Breakey's amazing communication was correct? We remarked "We await a reply." We are still waiting. We therefore advise "Blob" to address her very pertinent questions to the War Office, or the British Red Cross Society.—ED.]

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Fridays, 2.30 to 5 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing is an additional advantage, also a knowledge of French.

OUR PRIZE COMPETITIONS.

January 1st.—How would you prepare for use:—(a) Chromic catgut? (b) Gum elastic catheter? (c) Silk? (d) Horsehair?

January 22nd.—What are the chief functions of the stomach, intestines, liver and pancreas?

The Midwife.

BABIES OF THE ALLIES.

The charming illustration on this page shows some of the inmates of the Babies' Home established by Lady Maud Barrett at Rustington, Sussex, with their nurse. The entente seems perfect. On the left is Alberto, son of an Italian; on the right Jacky, the son of an English soldier; and above, Marthe, the daughter of a French soldier.

C.M.B. EXAMINATION

The following are the questions set in the examination of the Central Midwives Board in the recent examination:

1. What articles are you required to take with you when you attend a confinement? Explain the importance of each of the articles you mention.
2. What are the causes of delay in the first stage of labour? How would you recognise them? What facts would lead you to send for medical help?
3. What information may you gain by feeling for the pulsations of the cord (1) before or during the birth of the child? (2) after its birth?
4. After delivery the placenta is found ragged. What is liable to happen during the puerperium after such an occurrence?
5. What is the duty of the midwife according to the rules if she finds "sores of the genitals" in a patient? What consequences may result to mother and child if treatment is neglected?

6. What are the causes of constipation in an infant during the first ten days of its life, and how would you treat the condition?

LECTURES ON MILK.

A course of ten lectures, followed by practical

work on the Properties, Supply and Distribution of Milk, will be delivered at the South Western Polytechnic Institute, Manresa Road, Chelsea, S.W., on Thursday evenings, at 7.30 p.m., commencing on January 20th, 1916.

This course is now given annually, the present being the eighth series of lectures. It has been found of considerable use to many different classes of people interested in the supply and use of milk.

Among the students attending in the past there have been registered dairy managers, chemists and assistants, sanitary inspectors, in-

spectors of foods, and nurses and others. A higher course of lectures and practical work in bacteriology has been arranged.

The first six lectures on the Properties of Milk will be delivered by Professor A. Harden, D.Sc., F.R.S., of the Lister Institute, and the remaining four by Mr. Cecil Revis, A.C.G.I., F.C.S., chief chemist, Messrs. Welford & Sons, Ltd. Fee for the course 2s. 6d. All particulars can be obtained from the Head of the Chemical Department.



BABIES OF THE ALLIES.

MOTHERS AND BABIES AT CHARING CROSS HOSPITAL.

Nothing could have been prettier than the scene in the Out-patient Department at Charing Cross Hospital, when 50 mothers, babies in arms, sat down to tea on New Year's Eve.

On the tables were tiny fir trees, scarlet and white flowers, scarlet crackers, and any amount of good things, frosted cakes, and fancy cakes of all descriptions, dainty china, and all the appointments of a well served tea. It was a pleasure to see the mothers having an abundance of the good things which so seldom come their way, and when they do are generally reserved for other members of the family, in surroundings of refinement and beauty for which in their toiling lives they have no time as a general rule. The only drawback was that the mothers were so excited by the festivities that their appetites suffered somewhat.

The babies behaved like cherubs. Not a cry was heard from one of the fifty who, in immaculately clean clothes, with roseleaf faces, were the prettiest flowerets in the room, contentedly snuggling in their mothers' arms, or nursed by admiring visitors.

Most interesting of all is the work going on in connection with the hospital of which this gathering was the outward and visible sign. For some time past two of the Ranyard Nurses, Miss Bryning and Miss Bayley, both of whom are certified midwives, have been attending with the Charing Cross students the midwifery cases booked with the hospital, and since October mainly through the good offices of Mrs. Pillow, the Lady Almoner—who with two assistants investigates all cases, general and midwifery, which come under the care of the hospital—an ante-natal and babies' clinic has been organised, and expectant mothers come up to the hospital, and are seen by members of the visiting staff, and treated if necessary. It is hoped in this way to keep the expectant mothers under observation for some four months before confinement. If necessary they are seen by Dr. Eden or Dr. C. Lockyer, the Obstetric and Assistant Obstetric physicians.

After the birth of the baby it is brought to the hospital by the mother, when convalescent, weighed, and its general condition investigated, and she is then told how soon to bring it again. In this way it is hoped to keep the babies under observation until they are of five years of age and come under the inspection of the school medical officer. The knowledge and therefore the future work of the students, who learn many nursing points in the management of the cases, will attain a higher level than that of students who go out from hospitals into the homes of the poor to gain their experience as best they may, sending back to the hospital for the resident accoucheur if in need of assistance, the difficulty being that a student with little experience of these cases to guide him often does not recognise beforehand that complications are likely to occur. Here the advice of an experienced midwife, even if she

is only ostensibly acting as a monthly nurse, must be of great value. She can further show the student how to make the bed and keep it clean, how to manage the patient, and how to wash the baby, and the students, we learn, are very appreciative of this help.

The work has indeed such potentialities that we do not hesitate to say it is the most interesting new departure made by any hospital with which we have come in contact for some time.

At the conclusion of the tea party a Christmas tree was stripped of its fruit by Dr. R. C. Jewsbury, who called out the names on each parcel, and it was evident that he and the mothers were well acquainted with one another. Many willing hands distributed them, while Miss M. Heather-Bigg, the Matron, looked on well pleased. Most useful presents all the parcels contained. Warm woollies, dainty frocks and other delightful gifts for the babies. No wonder that they crowed and gurgled, or that the mothers radiated pleasure.

The tea party was really charming, bright, friendly, gay, indeed quite ideal. It was quickly over, and the mothers who went out once more into the dull streets and to a drab existence must surely have taken with them some of the brightness and warmth in which they had been enveloped.

PEACE AND SECURITY FOR THE HUNTED AND FORLORN.

The happiness of the mothers and babes in the East End Mothers' Home on Christmas Day, so quaintly expressed by a poor Belgian refugee mother, for whom kindly Providence had found a home in her sorrow that indeed surpassed the humble stable shelter of the Royal Babe and His Holy Mother, bore grateful testimony to the loving and skilful hearts and hands of the generous benefactors and staff.

Passing her bed, on Christmas night, I was struck by her radiant face, as she gazed with mother love on her tiny, soft, sweet babe, and stopping beside her I asked her, "Are you happy, mother?" and with a smile that only peace and security can bring to the erstwhile hunted and forlorn, she answered me—

"Ah moi, comme je suis bien contente!" and clasped her babe to her bosom, tears of thankfulness filling her eyes. Gratitude for security—gratitude for shelter—gratitude for love and skill—gratitude for generosity in abundance—and gratitude for a home for herself and her little babe amidst friends in England.

This Christmas Day for her in this lovely home meant all these, and she, I know, with many another woman whose homes are devastated and countries ravaged by the Hun and the Turk, return thanks to God, and pray for and look for the blessings of the Babe of Bethlehem on those whose generosity and love have provided the joys and comforts of this Christmas—in a strange land—at the East End Mothers' Home.

"I was a stranger, and ye took me in."

A VISITOR.

THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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EDITORIAL.

THE ORGANIZATION OF THE NURSING PROFESSION.

Last week we published in full the Circular Letter in which the Honourable Arthur Stanley, M.P., outlines a scheme for establishing a Nursing College, for which it is proposed to seek incorporation under the Board of Trade, without the word "Limited," and through which it is contemplated the nursing profession will be organized, a scheme of examinations instituted, and certificates of proficiency in nursing granted. In this issue we propose to lay before our readers the principal points of this scheme.

The letter is circulated on the official paper of the Joint War Committee, and signed by its Chairman, presumably, therefore, the Committee as a whole, which is composed of the following persons, is responsible for the scheme.

CHAIRMAN :

The Hon. Arthur Stanley, M.V.O., M.P.

VICE-CHAIRMAN :

Colonel Sir Herbert Perrott, Bart., C.B.

APPOINTED BY THE ORDER OF ST. JOHN.

Adeline Duchess of Bedford (Chairman of the Special Committee of Ladies of the Order), The Marchioness of Ripon, Lady Perrott, Colonel Sir Herbert Jekyll, K.C.M.G., The Secretary General (Evelyn Cecil, Esq., M.P.), The Director of the Ambulance Department (the Earl of Plymouth, C.B.), the Assist. Director (Lieut.-Colonel Sir Richard Carnac Temple, C.I.E.), Sir John Hewett, G.C.S.I. (Chairman of Indian Sub-Committee), the Earl of Ranfurly, G.C.M.G., the Hon. W. H. Goschen.

APPOINTED BY THE BRITISH RED CROSS SOCIETY.

H.R.H. The Princess Christian, The Marchioness of Lansdowne, C.I., Georgina Countess of Dudley, R.R.C., The Lady Northcliffe, Surg.-General Sir Benjamin Franklin, K.C.I.E., Sir William E. Garstin, G.C.M.G., Sir Robert Arundel Hudson (Chairman of the Finance Committee), Sir Walter Roper Laurence, G.C.I.E., Edward A. Risdale, Esq. (Vice-Chairman of Executive), The Hon. Sir

Charles Russell, Sir Frederick Treves (Vice-Chairman of the Council); Secretary, G. Sawyer, Esq.

It will be observed that trained nurses have no representation on the Committee.

VOLUNTARY VERSUS LEGAL REGISTRATION.

We divulge no confidence in stating that this new suggestion for the substitution of a voluntary for a legal system of registration, is being actively advocated by the Matron of St. Thomas' Hospital, Miss Lloyd Still, supported by active anti-registration protagonists, and it contains suggestions which, in our opinion, are dangerous pitfalls, against which all the organized members of the nursing profession have already protested on several occasions. For over a quarter of a century trained nurses have been working for the organization of their profession under State Authority, the only authority under which they can obtain effective powers. They ask for bread, and are offered a stone.

It is unnecessary to say that we are not opposed to the foundation of a College of Nursing in this country. We were the first to propose it twenty years ago, but the function of such a College is academic, not economic and disciplinary.

THE DISORGANIZED CONDITION OF NURSING.

No one will be surprised to learn that the Hon. Arthur Stanley, in his official position as Chairman of the Joint War Committee, has recognized the disorganized condition of the nursing profession, but surely, as a Member of Parliament, he must have been already aware that the most thoughtful and liberal-minded Matrons and nurses have, for years, been pleading with Parliament to grant them statutory authority to organize their own profession, as they have a right to do; and that the blame for the chaotic condition of nursing—both educational and economic—must be placed on the House of Commons, which, year after year, has acquiesced in the refusal of the Premier to grant facilities in that Chamber for the second reading of the Nurses' Registration Bill.

NEED FOR LEGAL REGISTRATION.

Mr. Stanley must also be aware that it is now ten years ago since a Select Committee of the House of Commons, after exhaustive inquiry, reported unanimously that "it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State."

He is also presumably aware that in November, 1908, the House of Lords passed a Nurses' Registration Bill, without a division having been taken at any stage, and with the support of the Liberal Government then in office. Also, that when the Nurses' Bill was introduced into the House of Commons in 1914, under the ten minutes' rule, the House by an overwhelming majority supported the first reading of the Bill which grants a measure of self-government to nurses, and would confer powers for independent examination, and the exercise of discipline in the nursing profession.

Therefore the nurses of the United Kingdom who have been working so devotedly for State Registration stand exonerated from all blame for the invidious position in which Mr. Stanley finds the nursing profession, and we are glad that the injustice with which they have been treated by those in power is realized by him, because, not only is the withholding from them of power to organize themselves a gross injustice to one of the most invaluable classes of workers in the body politic, but, by the neglect of Parliament to pass this long overdue measure, the public are exposed to grave danger when compelled in sickness to employ nurses.

So much for legal registration.

A GRAVE DISCOURTESY.

As a Member of Parliament, and therefore responsible to the public for the efficient care of the sick, Mr. Stanley, in launching a scheme to organize a woman's skilled profession, stands condemned of placing his name to the proposed scheme without intimating to the Organized Societies of Trained Nurses that a scheme, closely affecting their professional work, was under consideration, and without any consultation whatever with the representatives of at least 10,000 certificated nurses, who have had the public spirit to associate themselves together for the benefit of the public. Moreover, the registrationists have been subjected to this grave discourtesy at the instigation of the irreconcilable employers of nurses, whose determined opposition for a quarter of a century to any measure of legal protection for the workers is one of the most reprehensible episodes in the history of the struggle of British women for fair play.

This voluntary scheme for the establishment of a College of Nursing is, in reality, one for the absolute control of the nursing profession by its Promoters, who, Mr. Stanley tells us, are to be Chairmen and Governors of leading Hospitals—who, as a rule, have no expert knowledge of what nursing education should consist, and who have more absolute power over the women they control than is permitted to any other class of the community; Matrons, and Medical Lecturers to Nurse Training Schools, both under the jurisdiction of Lay Committees; and other persons interested in the education of women. The Promoters are to nominate the first Council.

It is noteworthy that the College, which will aim at securing the support of the Governors of Hospitals and others, and "last, but not least, of the trained nurses themselves" (we suppose we must be thankful for small mercies), deliberately excludes trained nurses when enumerating those amongst whom the Promoters of the College are to be sought, nor is there any suggestion in Mr. Stanley's Letter that they shall be included in the members of the Council.

POWER IN HANDS OF SMALL, NOMINATED COUNCIL.

This small, *nominated*, and unrepresentative Council are to be given power to form an unwieldy Consultative Board, appoint examiners, and—here is a very important point—to accept the internal examinations in certain recognized training schools to qualify for the certificate of proficiency in nursing to be granted by the College. In other words, the influential and autocratic governing bodies of certain large hospitals are to be exempt, in certifying their nurses, from any independent tests of efficiency, thus opening innumerable portals, instead of one, to the practice of nursing.

POWERS TO BE SOUGHT TO CONTROL ALL BRANCHES OF WOMEN'S WORK CONNECTED WITH HOSPITALS.

It is further proposed that this College of Nursing shall exercise similar functions in all branches of women's work connected with hospitals, and a suggestion is quite distinctly projected of innumerable grades of nurses; to meet, no doubt, the demands of persons who decline to qualify themselves thoroughly as trained nurses, or who belong to grades of persons calling themselves nurses, greatly to the detriment of the poor, and whose labour at present is, throughout the country, notoriously sweated.

WHAT REGISTRATIONISTS WANT.

To sum up: we registrationists know what we want—and we know that our demands are

just primarily for the efficient care of the defenceless sick, and secondly in justice to an honourable and arduous class of skilled professional workers.

We want legal status.

We want an Act of Parliament which will legally regulate the work—work of immense importance to the whole nation—in which we are employed.

We want that Act to define a thoroughly representative elected governing body for our profession, largely elected by the workers themselves, and not nominated by their employers.

We want that independent Nursing Council to have power to define our educational curriculum, and to encourage hospitals which profess to train nurses to maintain an efficient standard of education.

We want our knowledge tested by an independent Board of Examiners, and that its certificate of proficiency shall qualify for legal registration, thus providing for one portal to the practice of nursing.

Moreover, we want the Governing Body to be absolutely independent, so that the standard of discipline defined by it, and maintained throughout the profession, may inspire confidence, respect, and obedience; also that every nurse on the Register shall have fair and unbiased treatment if called upon to render a defence to any charge which may be brought against her.

We want, with the help of such a Governing Body, to build up a splendid *personnel* of public servants, worthy to take their part in maintaining a high standard of health in the community, and of rendering the most expert skill and comfort to the sick and suffering amongst them.

These are splendid ideals, and it remains for those influenced by them to make them realities.

It is presumable that the thousands of Matrons and nurses inspired by them throughout the United Kingdom will, after all their labour for upwards of a quarter of a century, be content with such a scheme as that embodied in the Circular of the anti-registrationists?

The Registrationist demands personal responsibility; the anti-registrationist denies this primary human right. In our opinion, nothing further need be said on this question, except that those inspired with a sense of personal responsibility, and of public duty, must unite as they have done before to oppose, by every means in their power, this demand, on the part of irresponsible persons, to organize, and govern our work and our lives.

ETHEL G. FENWICK.

THE PREVENTION OF EAR AND THROAT TROUBLES IN INFANCY.

By MACLEOD YEARSLEY, F.R.C.S.,

Senior Surgeon to the Royal Ear Hospital; Otologist to London County Council Deaf Schools; Aural Surgeon to the Red Cross Hospital, Harrow-on-the-Hill, &c.

(Continued from page 24.)

One of the most important effects of adenoids is that on the ears. A large percentage of deafness in children and in young adults is due to their influence. This influence is, as already pointed out, exercised in two ways—by bulk and by infection. A very large mass of adenoids may compress the openings of the Eustachian tubes, but I think that this is exceptional. Bulk so interferes with the efficient action of the muscles of the palate which control the movements of the tubes that the proper ventilation of the drum cavity is prevented. If the Eustachian tube fails in its work as a ventilating shaft, the atmospheric pressure in the tympanum becomes lessened because the air in that cavity is either absorbed or sucked out by the tube during swallowing. As a result of this lessening of pressure, the drum membrane cannot vibrate properly, and becomes forced in by the weight of the air in the outer passages.

But the more important and more severe effects are the direct outcome of infection. Just as germs can, from their secure lair in the adenoid furrows, extend their fell work to the nose, lower air passages and food tract, so can they spread up the Eustachian tubes to the ears. Acute and chronic catarrhal inflammations progress up the tubes partly by continuity of tissue, partly by direct infection. The earliest effects are attacks of earache and deafness, especially during colds. It does not need a large mass of adenoids for this to happen; in practically every case the mass extends behind the Eustachian tubes, and a simple or infective inflammation of the adenoid may cause this extension to swell up and directly to implicate the opening of the tube. These first attacks are periodic, with intervals of good hearing. The mother tells one that "he is only deaf when he has a cold," and does not think it anything to trouble about. But it is sufficient reason for action, not for delay. Presently the child reaches a time when the fluctuations are less marked, and he is well on the way to chronic deafness, less easy to cure. It is against this comparatively slow and insidious deafness that

we have to be on our guard. It must be stopped at the beginning if deafness is to be prevented.

Both catarrhal deafness and deafness with discharge may begin in this way. They are both only the consequence of the extension of inflammation and infection, and are easily and completely arrested, provided they are taken in time. It is later on, when scars and adhesions have occurred, that the ear becomes permanently affected, or when chronic discharge has become established and kept up by polypi, ulceration of the bony walls of the drum cavity, and the like. Then it is that one enters upon the tragedy of lost opportunity. The child has become the victim of chronic deafness which will handicap him throughout his career, or of a chronic suppuration of the ear which, with all its attendant dangers and complications, forms a veritable sword suspended over his head, and liable to fall at any minute. It cannot be borne in mind too persistently that it is in infancy and early childhood that the opportunity of *preventing* the occurrence of deafness by preventing or efficiently removing the adenoid can be seized and acted upon. Many lose this golden opportunity through ignorance; those who lose it with a full knowledge of its importance are unfit to have the care of children, or even to look them in the face.

Those results may be considered as the immediate effects upon the ears, that is to say, they are due actually to the direct action of the adenoids upon the Eustachian tubes and drum cavities. But there are other and more remote results. The infant and child do not develop any ear disease at that period of life, but deafness begins when he is in the young adult stage of his existence. This may be due to one of two things. Either the adenoids have left, after undergoing retrogression at puberty, small scars and bands behind them fastening down and impeding the normal actions of the Eustachian tubes, so that they cannot adequately perform their function, or they have left their mark upon the nasal cavities. The repeated reinfections of the nose from the nasopharynx lead to progressive thickening of the lining membrane and of the turbinates, causing chronic obstruction of the nasal cavities; the cavities may remain permanently narrow from arrested development, or there may be polypi, deformity of the nasal septum, or other obstructions. All these may lead to chronic catarrh and deafness. A large number of these conditions may be prevented by adequate care in infancy and childhood, so that it may be said that prevention in the child means immunity in the adult.

But one could fill a long lecture with adenoids and their effects alone. I think that I have said enough about them to impress upon you their enormous importance in infants and young children. I want to pass on now to other causes of deafness and the means that it is incumbent upon us to take for their prevention and amelioration.

Before doing so, however, there are one or two points about the nose to which attention must be directed.

A discharge from the nose is not uncommon in infants and young children. It should always be seen to by a doctor. When such a discharge is limited to one side, it practically always means that there is a foreign body lodged in one nostril. I am speaking of the child of course. Children are very fond of putting small objects into the nostril; pieces of slate pencil, paper, beads, buttons, pebbles, and the like. When they remain there, they cause irritation and ulceration, leading to discharge. Once the body is removed, the trouble quickly subsides.

When the discharge comes from both sides, it is usually the result of adenoids, but it may be due to other conditions, even to disease of the bones inside the nose, and every case should be at once investigated with a view to appropriate treatment. If it is allowed to go on without interference, it may lead to nasal troubles which may require long, perhaps difficult treatment, or which may become permanent.

Now let us discuss deafness in infants and children from causes other than adenoids. A child may suffer from deafness due to disease of the conducting part of the ear or of the perceptive nerve apparatus. Putting aside entirely the question of deaf birth, which I do not wish to discuss here, the causes of deafness in infants and young children fall into three groups—deafness from meningitis, from the infectious fevers, or from disease beginning in the ear itself. To give you some idea of the relative frequency of these three groups, let me quote figures. Out of 983 cases of acquired deafness in children, meningitis was responsible in 236, or 25.05 per cent.; infective diseases in 360, or 36.6 per cent.; and primary ear disease in 386, or 39.3 per cent.

Meningitis is a very potent cause, and induces deafness by the spread of the inflammation in the brain cavity to the nerve and nerve endings of the auditory nerve. It may occur very early, and many children who are put down as "born deaf" really owe their deafness to meningitis occurring during the first two years of life. Meningitis owns many causes, tubercle,

syphilis, pneumonia, scarlet fever, and measles among the number, and, until its many forms and their causes have been properly worked out, the prevention of deafness arising from it cannot adequately be proceeded with. I may say here that the importance of investigating the causes of meningitis is even wider than as concerns the prevention of deafness alone, for this disease causes as many deaths as scarlet fever and measles put together. In 1909, the deaths from meningitis, not including over 10,000 due to convulsions (many of which were certainly instances of meningitis), or those in which the meningitis was a complication of scarlet fever or measles, was 11,118, and in 1912 the deaths from meningitis in London alone were 1,587.

The second group of cases—the infective diseases—includes such maladies as scarlet fever, diphtheria, measles, mumps, smallpox, whooping cough, tuberculosis, and syphilis. Tuberculosis attacks the ears of infants and young children, and may cause great destruction of the organ, and so of its function. It is, however, a disease which tends to kill, and the majority attacked by it die before school age. It arises either as a deposit of tubercle in the bone behind the ear, or by infection of the tympanum through the Eustachian tube, probably by regurgitation of infected food from the stomach, especially milk. The result is chronic discharge from the ear, with rapid destruction and early facial paralysis. One of the characteristics of tuberculosis of the ear is its painlessness. The prevention of tuberculosis of the ear is almost entirely a question of the prevention of tuberculosis generally, for the treatment of the ear condition is too often one in which function has to be sacrificed in the attempt to save life.

Syphilis is the cause of acquired deafness of a terrible kind. It is generally accompanied by syphilitic eye disease, the defect of hearing usually coming later, although it may appear earlier. It is a condition eminently for prevention, as treatment, once the deafness is established, is unsatisfactory. Syphilis itself is a disease very amenable to treatment, and those children who become blind or deaf, or both, are those in whom treatment was neglected in infancy.

(To be concluded.)

An exhibition, representing domestic economy, will be opened at the Institute of Hygiene on January 17th, when an Anti-Waste Campaign will also be started. Cooking economy and household economies are to be the special feature of the exhibition.

OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE FOR USE:—(a) CHROMIC CATGUT. (b) GUM-ELASTIC CATHETER. (c) SILK. (d) HORSEHAIR?

We have pleasure in awarding the prize this week to Miss J. V. McNeillie, Ervie, Stanraer.

PRIZE PAPER.

(a) In preparing for use chromic catgut, the processes of hardening and sterilization are combined. Made from the intestines of the sheep, the nature of the material presents many obstacles in the way of sterilization; e.g., it cannot be boiled in water, like the instruments or silk, nor immersed in watery antiseptic solutions like silkworm gut, &c. In the commercial state it contains many impurities and micro-organisms; therefore mechanical cleansing is necessary, and the removal of fats and oils used by the manufacturers by steeping in ether for 24 hours, and changing the ether till clean.

(1) Make solutions A and B: A, chromic acid 1—5 of water; B, take of A solution 1—5 of glycerine.

(2) Immerse gut in B solution from 48 to 96 hours—the former for the finer sizes to give it a little stiffness, to prevent the slipping of knots and too rapid absorption; the latter for ligatures of large vessels.

Steeped in above solution for four or five days, the catgut resists the action of the tissues for a week. If steeped for a week, it will resist absorption for three weeks.

(3) Rinse in sterilized water; some use warm, some cold, the object being to remove all excess of chromic acid, as it makes the gut brittle. Stretch and rub lightly with sterilized towel, and leave for ten or fifteen minutes until perfectly dry.

(4) Wind on sterilized glass rods, and store in a previously sterilized glass jar of 1-5 phenol and glycerine, and keep for three weeks before using (sealed and labelled with size, mode of preparation, date, &c.). Only a few spools should be put in each jar, as there is a chance of contamination each time the stopper is removed. Before opening, the jar must be washed in a 1-20 carbolic solution, and everything coming in contact with the catgut (forceps, scissors, needles, &c.) must be freshly sterilized, and the gut (each stitch or ligature as required) dipped in absolute alcohol just before using.

Extreme care and full precautions against contamination are of the utmost importance from the commencement of sterilization until the gut is required for use; for instance, the theatre thoroughly cleaned and disinfected, the

operative Sister's hands and forearms cleansed with soap and water, the nails particularly cleaned, using a nailbrush which is kept in 1-20 carbolic, disinfected by washing in 1-40 carbolic for a few minutes and then soaked for one minute in a 1-100 solution of biniodide of mercury in spirit diluted four times with sterilized water, and afterwards rinsed in sterilized water. Wear a sterilized overall, mask, and overshoes as for a major operation, and have all instruments, gauze, lint, towels, jars, spools, &c., sterilized. I always have a small tube sterilized for bacteriological specimen, and send it for examination after steeping a fortnight, and thus have the report thereon at the end of the three weeks—the preparation guaranteed aseptic.

(b) When new, and after each use, a gum-elastic catheter must be thoroughly cleaned and disinfected thus:—Let a stream of sterilized water run through it in both directions till clean, boil in sterilized water for ten minutes, and keep in sterilized covered glass jar—dry, if not for immediate use, as steeping long in 1-20 carbolic ruins rubber, as much boiling spoils elastic. When needed, warm with hot sterilized water, and have a basin of corrosive sublimate (1:1,000), as well as a sterilized lubricant of oil or vaseline, to render the entrance of the instrument as easy as possible.

(c) Silk (supplied in braided threads and a kind of floss silk) is wound on glass plates (not too tightly), boiled in sterile water for at least an hour, and stored in 1-40 carbolic solution or absolute alcohol.

(d) Horsehair is supplied in bundles; the black is preferable to the white. Wipe each hair from thick end downwards with lint dipped in ether until absolutely clean; then put in a bottle of sterile water, and boil for twenty to thirty minutes, and store in a bottle of 1-40 carbolic solution. As horsehair does not stand boiling so well as other suture material, after having been thoroughly cleansed as above described with ether, it can be sterilized in a 1-20 solution of carbolic acid for twenty-four hours before use. Each thread is rinsed in sterile water just before it is used.

HONOURABLE MENTION.

A number of excellent papers were sent in this week; the following competitors are accorded honourable mention:—Miss E. A. Noblett, Miss G. Durose, Miss G. Lawrence, Miss E. E. Hall, Miss I. E. Goodship, Miss E. E. Osborn, Miss H. Ballard, Miss M. Forrest, Mrs. Farthing, Miss A. Phipps, Miss L. E. Hunting, Miss H. Allison, Miss S. Simpson.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

At the Meeting of the National Council of Trained Nurses, to be held at 431, Oxford Street, London, W., on Friday, January 21st, the following Resolution will be submitted by Mrs. Bedford Fenwick, President:—

RESOLUTION.

The National Council of Trained Nurses of Great Britain and Ireland desires to place on record its ardent sense of gratitude to the sailors and soldiers of the British Empire, for the glorious valour with which they are defending human liberty against barbarism, and its conviction that victory is assured to the arms inspired by moral force. The National Council of Nurses is also deeply sensible of the privilege enjoyed by many of its members in tending the sick and wounded in this sacred struggle, and thus, in helping to restore them to health, giving practical expression to their own patriotism.

MENTIONED IN DESPATCHES.

We publish below additional names of members of the nursing profession mentioned by Sir John French in his despatches. To all of these we offer the hearty congratulations of this journal, on the honours accorded them, which we feel sure are merited by their earnest work. It is at the same time quite impossible that all good work should be specially recognised, and in many cases the opportunity of rendering service to our gallant sailors and soldiers must be its own reward.

MEMBERS OF THE AMERICAN, CHICAGO, AND HARVARD UNITS ATTACHED TO NOS. 22 AND 23 GENERAL HOSPITALS, ETAPLES.

Miss M. G. Parsons, Matron; Miss I. M. Patton, Matron; Miss M. K. Adams, Sister.

AUSTRALIAN NURSING SERVICE.

Miss A. Wyllie.

AUSTRALIAN VOLUNTARY HOSPITAL.

Miss A. B. Cabriell, Miss J. B. Buckham, Miss C. V. Reay.

CANADIAN NURSING SERVICE.

Miss E. M. Charleson, Matron; Miss M. O. McLatchey, Matron; Miss V. C. Nesbitt, Nursing Matron; Miss E. C. Rayside, Nursing Matron; Miss E. B. Ridley, Nursing Matron; Miss A. C. Strong, Nursing Sister; Miss V. A. Tremaine, Nursing Sister.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss C. H. Anderson, Miss M. D. Knapp, Miss S. G. Mills, Miss R. L. Neville, Miss H. A. M. Rait, Miss L. A. White.

NURSING AND THE WAR.

It will be remembered that the King recently authorised the division of the Order of the Royal Red Cross, instituted by Queen Victoria in 1883, into two classes, and the Cross as now designed bears His Majesty's effigy and the Imperial Cypher. Our illustrations show a Cross of the First Class which is enamelled red edged with gold.

Field Marshal Sir John French paid a visit on January 6th to the 3rd London General Hospital, Wandsworth Common, and chatted freely to the soldiers and thanked the nurses for the splendid work which they were doing. Further, he expressed to them the gratitude which the British Army in France and the men in Gallipoli felt at the way in which the wounded were being treated at that hospital.

Later he entered the hall, where convalescent soldiers were greatly enjoying a concert. He

Towards the rent, furnishing, and running expenses of this room funds are needed, which will be gladly received and acknowledged.

A strictly informal reception was held on January 5th at Netley Hospital in honour of the Relief Corps, consisting of two medical officers, secretary, interpreter, and 22 trained nurses, which the Japan Red Cross Society placed at the disposal of the War Office in January last year. The members of the mission, the Matrons of which, Miss Y. Yamamoto, and Miss S. Kiyooka, were recently decorated by the King with the Royal Red Cross, have now returned to Japan.

It was reported at the annual meeting of the contributors to the Royal Infirmary, Edinburgh, that since the commencement of the War 61 nurses have been directly supplied to the War Office by the Infirmary, instead of 30, which was the number guaranteed.



THE ROYAL RED CROSS.
OBVERSE.



THE ROYAL RED CROSS.
REVERSE.

was immediately recognised and lustily cheered. In a short address he again emphasised the debt of the men to the nursing staff.

Mr. S. Gee Wainwright, 20, Westridge Road, Southampton, notifies to the public in the local press a need which has become very apparent during the wet weather for a rest room for the nurses who care for our wounded on the hospital ships? When the ships are in port, coaling or being cleaned, there has so far been no place where the tired nurse, who has neither home nor friends in the town, can go for a rest, except the public library. Now a pleasant quarter has been arranged at the White Tea Rooms, in the High Street, where nurses may find a quiet room where they can rest, write letters, and make appointments.

In addition to these, a large number of former nurses of the Royal Infirmary are now serving in military hospitals. A complete roll of honour has been compiled, and contains 252 names. Of these 170 are on foreign service and 82 in home hospitals.

The General commanding the troops in Egypt on January 5th inaugurated the Empire Nurses' Home, Cairo, and in the course of his speech paid a tribute to the devotion of the nurses in Egypt, and mentioned with regret the death of Miss Hughes, a victim of the *Persia*, on her way out as superintendent of the home, and in whose favour an exception was made from a recent regulation forbidding women to come to Egypt. The home is intended as a place for the recreation of the nurses.

FRENCH FLAG NURSING CORPS.

Just as we had gone to press last week the telegram came announcing the safe arrival of the *Pretorian* at Liverpool, with the Canadian Unit of nurses on board, and soon after three in the afternoon they were in London. Four have been guests at Queen Mary's Hostel for Nurses, where they have been most kindly and courteously entertained; the others putting up at an hotel. Miss H. McMurragh, who is in charge of the party, has proved a most businesslike and helpful Supervisor, so that the innumerable formalities in connection with passports, &c.—which we fear our Canadian sisters have found somewhat disconcerting—have been got through with as little trouble as possible. When not trotting round after papers and uniforms, the Sisters have been taken in charge by Miss Hulme and Miss Kent, who have done their best to give them an idea of the greatness of London.

On Thursday evening, thanks to the kindness of the Manager of the Garrick Theatre, the Sisters were invited to see "Where the Rainbow Ends"—a lovely play in which they greatly admired Mavis Yorke as "Will-o'-the-Wisp." On Sunday the majority of the Sisters attended the morning service at Westminster Abbey, they then visited the beautiful Roman Catholic Westminster Cathedral; also they paid a visit to St. Paul's.

On Monday evening the Committee entertained the Unit to dinner at the lively Regent Palace Hotel. The guests were received by Mrs. Murray, Mrs. Bedford Fenwick, Miss J. Hutchinson, Dr. Dundas Grant, and Dr. Murray Leslie; Madame Girard, of the Croix Rouge Française, represented the President, the Vicomtesse de la Panouse; and Dr. Sydney Beauchamp, of the Croix Rouge was also a guest. A delightful evening was spent in an atmosphere of khaki—enlivened by gay music. After dinner a cordial letter of welcome was read from the President and an invitation was extended to the Sisters to take tea with her on Thursday; invitations were also offered to tea at the Indian Empire Club, and twelve tickets for the Royalty to see "The Man who Stayed at Home," were offered with a most kind letter of invitation from the Manager, Mr. Stanley Le Sage.

Dr. Dundas Grant, at the request of Mrs. Murray, Chairman of the Committee, expressed

on the Committee's behalf, the welcome which they offered to the Canadian Unit. He read to them a letter from the President, Mme. la Vicomtesse de la Panouse, in which she expressed her regret at not being able to be present that evening but sent the assurance of her personal regard which Mme. Girard was to communicate to them on her behalf by word of mouth. In her letter the President offered them a warm welcome at the rooms of the French Red Cross Society and invited them specially to a tea in her own house so that she might have the opportunity of knowing them personally.

Dr. Grant reminded the nurses that the wounded French soldiers called not merely for the ordinary technical assistance which they were so well able to administer, but also that cheerfulness and brightness, to the charm of which the French were perhaps even more susceptible than ourselves.

He pointed to Mrs. Bedford Fenwick as having thrown herself heart and soul into the drudgery, the technicality and even the politics of nursing without sacrificing the womanly graces which had distinguished her through her whole active career, and in that respect he held her up to them as an example and he felt sure it would inspire them in their work to feel that they had spent the evening in the company of the greatest living authority on nursing in all its aspects.

Miss Ellison, as they knew, had really been the originator of the Corps and it was entirely through her great personal influence with the French Ministry of War that it had been established under such favourable conditions.

The great deeds of the Canadian soldiers had

aroused the admiration and enthusiasm of all at home here, and the Committee had no doubt that the Canadian nurses who had joined the French Flag Nursing Corps would nobly maintain the great reputation which their fighting brethren had created for the Land of the Maple Leaf.

It was well known that in former days the nursing of the sick and wounded was carried out by the nuns of the religious sisterhoods and that since they had left France there had not been time for the establishment of a corps of trained nurses of the same stamp as we were fortunate in having in this country. It was hoped that well-educated French women would, however, be stimulated by the present circumstances, to take



MISS HELEN McMURRAGH.
Supervisor, Canadian Unit, F.F.N.C.
Selected by the Canadian National Association of
Trained Nurses.

up nursing as a career, and Dr. Grant felt that the French Flag nurses by their example and their skill would give an impetus to this movement. Their work would be most interesting, and they would always find surgeons and others ready to help and encourage them, but if any difficulties arose he was sure that they would face them cheerfully with the consciousness of the value of the work they were carrying out and with the feeling that they could always apply to Miss Ellison or her splendid skilled Matron-in-Chief, Miss Haswell, as well as to the Committee, with the certainty that they would receive most sympathetic consideration and help.

Dr. Grant hoped that they might occasionally have the privilege of seeing Dr. Beauchamp when paying his visits as an official of the French Red Cross and he (Dr. Grant) knew that they might always count upon him for friendly assistance when opportunity presented itself.

Dr. Grant gave the greatest share of credit to the ladies of the committee, but, as Mrs. Murray, the Chairman, very truly urged, the corps was greatly indebted to Dr. Murray Leslie for his readiness at all times to undertake the work of medical examination of candidates and of their inoculation and vaccination.

The Committee offered them God-speed on their way to their beneficent work, feeling the utmost confidence that their labours would be thoroughly appreciated.

Mrs. Bedford Fenwick spoke of the privilege it was for British nurses to be permitted to care for the sick and wounded "splendidly patriotic soldiers of France" in their own military hospitals, and the value of international organizations in the present instance—as had it not been for the co-operation and generosity of the Nurses' National Association of Canada, the Unit would not have been present. Mrs. Murray wished the Sisters all success in their work for humanity, and reported that not only had the Sisters cared for the French, but for many sick German prisoners—who had recorded in letters home their appreciation of their kind services. Mme. Girard expressed her great pleasure at meeting the Sisters, and Miss McMurragh in a very graceful "maiden speech," spoke with feeling, and expressed the pleasure of the Unit in joining the French Flag Nursing Corps, their appreciation of their reception in London, and their determination to uphold its high standards of service. After dinner a very happy party listened to the band in the lounge, and incidentally, arranged several pressing items of business.

Miss Kent and Miss Hulme acting as most indefatigable cicerones, took the Sisters to see No. 1 General Hospital, T.F., Camberwell, on Tuesday, with which they were greatly impressed, and Wednesday they had a permit for the Tower of London—in our opinion the most interesting of the national monuments. Thus a very busy and happy time has been spent—much of this grand old Seat of Empire having been viewed from the top of the ubiquitous motor bus.

It is hoped that all arrangements will be fixed up and the Canadian Unit leave for France on Friday this week, in charge of Miss Helen McMurragh, R.N., cert. General Hospital, Montreal, in which leading training school she has held the position of instructress. Miss McMurragh is a Registered Nurse in the States of New York and Pennsylvania, where she has obtained valuable experience in social service work. The other members of the Unit are Miss Laura Robinson, cert. Toronto General Hospital, Miss Mabel Joice, cert. Western Hospital, Toronto; Miss Margaret McIntyre, cert. Children's Hospital, Toronto, and Post-Graduate work, New York; Miss Florence Morris, cert. General Hospital, Vancouver; Miss Louise Hopkins, cert. General Hospital, Guelph; and Miss Madeleine Jaffray, R.N., cert. Clifton Springs Hospital, New York, registered in the State of New York. All these ladies have valuable experience in various branches of nursing, subsequent to training.

Miss Annie Matthews, cert. Whitechapel Infirmary, will also leave for France on Friday.

The play given in French "*Le Voyage de M. Perrichon*," by the nursing staff at Talence—which was described in the programme as "*Grande Representation Sensationnelle avec des excuses à M. Labiche et à la Langue Française*" went off with great éclat, and great credit is due to those who helped to make it such a success. Every one of consequence in the hospital came to one or other of the four performances, from the Med. Chef to the baby of the concierge! Miss Roussin took the part of M. Perrichon, and the patients were delighted with the success attained by the Sisters. Tea à l'Anglaise was served in the corridor of the Sisters' quarters, which was most artistically decorated with evergreens and coloured lights. The hospital authorities did all in their power to help, and Mme. la Marquise de Vivier, and Mme. la Baronne de Luze lent much of the scenery. Everyone agreed that great credit was due to Miss Gregory the Matron for coaching the performers and the management of the stage.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

The Great Hermitage V.A.D. Hosp., Higham, near Rochester.—Miss E. John.

Boxmoor House Hosp.—Miss J. L. Wilkinson.

Military Hosp., Merstham.—Miss A. W. Bain.
1, *Chichester Terrace, Brighton.*—Miss B. I. Stephens.

Copse Hill Hosp., Upper Slaughter, Glos.—Miss M. Hawkins.

North Staffs Inf., Stoke-on-Trent.—Miss K. M. Lodrup.

Wilden Red Cross Hosp., Stourport.—Miss K. M. J. D'Arcy.

Red Cross Hosp., Gloucester.—Miss N. Woolf.
Canadian War Hosp., The Beach, Walmer.—Miss Z. E. Keeler.

St. John's Hosp., 67, High Street, Fareham.—Mrs. L. E. Dunster.

V.A.D. Hosp., Ashbourne, Sunderland.—Miss K. E. Bracey.

Somerford Park, Congleton.—Miss L. Croft.

V.A.D. Hosp., Bourne, Lincs.—Miss M. E. Winterton.

Home Auxiliary Hosp., Leeswood, Hall, Mold.—

Miss A. J. Wilson, Miss C. Redfern.

Beechfield, Regent's Park, Southampton.—Mrs. E. Stafford.

V.A.D. Hosp., Hoole Bank, Chester.—Miss R. Lietti.

Urmston, Blackwater Road, Eastbourne.—Miss M. Bowman.

Danycoed Hosp., Blackpill S.O., Glam.—Miss L. Lane, Miss E. Fyson.

Countess of Lytton's Hosp., Nottingham Place, W.—Miss M. M. Cameron.

Red Cross Hosp., Grantham.—Miss M. E. Goode.

Parc Wern Hosp., Swansea.—Miss S. E. Griffith.

Whytegates V.A.D. Hosp., Stratford-on-Avon.—Miss C. L. Birch.

St. John's Hosp., 2, Bodorgan Road, Bourne-mouth.—Miss A. M. Kane.

V.A.D. Hosp., Branksmere, Southsea.—Miss E. M. Smith.

Red Cross Hosp., Bodlondeb, Bangor.—Miss E. A. Dickenson, Miss O. Upward.

Red Cross Hosp., Massandra, Weymouth.—Miss A. E. Price.

St. George's Hill Golf Club, Weybridge.—Miss L. M. Edwards.

Corytrahen Park, Tondu, Glam.—Miss E. Long.

St. Gregory's Hosp., Wroxham, Norfolk.—Mrs. L. Greenway.

Town Close Lodge Hosp., Newmarket Road, Norwich.—Miss H. L. Murrell.

Auxiliary Military Hosp., Southall.—Miss M. C. Ince, Mrs. S. F. Davies.

Red Cross Hosp., Netley.—Miss E. Coupland, Miss D. Taylor, Miss J. Stewart.

Cluny Red Cross Hosp., Swanage.—Miss M. Aldis.

Red Cross Hosp., Darley Dale.—Miss D. Eastwood.

West Dene Hosp., St. Leonard's-on-Sea.—Miss E. Lepingwell.

Red Cross Hosp., Budworth Hall, Ongar.—Miss A. A. Grennan.

Coombe Lodge, Great Warley, Essex.—Mrs. M. M. O'Brien.

Arbury Section Hosp., Arbury, Nuneaton.—Miss E. Keeley.

Auxiliary Hosp., Norlands, Erdington.—Mrs. A. M. Jones.

Clayton V.A.D. Hosp., Wakefield.—Mrs. A. Green.

V.A.D. Hosp., Honiton, Devon.—Miss G. Newberry.

V.A.D. Hosp., Knightsayes, Tiverton, Devon.—Miss D. E. Critchell.

ABROAD.

The following Sisters have been deputed for duty abroad:—

The Duchess of Sutherland's Hosp., Calais.—Sisters Wilson, McCarthv. Walsh, Turner, Hutchinson and Greer.

THE CARE OF THE WOUNDED.

The Auxiliary Hospital, Wych Cross, Forest Row, Sussex, depicted in our illustration, is a hospital belonging to the "A." group—a statement which may need some explanation. It may, therefore, be stated that the hospitals in the county are divided into two classes—the Auxiliary "A" take the serious; and the Auxiliary "B," the convalescent cases. It is in the Eastern Command, and patients are sent to it direct from Eastbourne or Brighton, when the hospital train arrives.

The hospital was opened on November 14th, 1914, with twelve patients; and the next day, thirteen more arrived, all of whom were Belgians. Over 330 patients have been admitted up to date, and most of them have been sent away cured. In December last, Sister Hoddinott (R.N.S.), was appointed Superintendent and the number of beds was shortly increased—first to thirty-two, and then to fifty-two beds. The Commandant writes: "The work of the hospital has been absolutely smooth since Sister's advent. She has got the best out of all her nurses, and they are every one of them devoted to her, and willing to do anything she requires of them." Other members of the Registered Nurses' Society have also worked for a considerable time in the hospital.

The wards are all airy and light, the largest containing eighteen beds, and the others from four to seven—all on one floor, with two bath rooms and lavatories. The staff consists of two trained nurses, six V.A.D.'s, and two orderlies, on day duty; and on night duty, one trained nurse, one V.A.D., if required, and always one orderly.

Our second illustration on page 54 shows the operating theatre arranged at the hospital.

Mr. Ian Malcolm, M.P., gives a most interesting account of his Red Cross tour in Russia, in the *All Saints', Margaret Street, Church and Parish Paper*, in which he says, in part:—

"Petrograd, like London, does not give one the impression of a capital at war. Indeed, the only outward sign is the presence of large masses of recruits drilling and manoeuvring and marching in every square and street; that is very impressive. But at night the streets are splendidly lighted; the opera and the ballet and the theatres go on as usual, and are well patronised. On the other side of the picture, however, is the fact that there are 600 hospitals here with about 40,000 beds for the wounded; the Red Cross flag seems to be flying everywhere.

"During the first weeks my time was spent in visiting the many and wonderful Red Cross institutions which are to be seen in Petrograd. It gives one some idea of the immensity of the Russian problem, which is the chief difficulty for all foreigners, to realise that the Red Cross has 400,000 beds under its control, 2,000,000 names on the card index of its enquiry department, and

£200,000 worth of stores and equipment always ready to be sent wherever they may be required.

"Its revenue (largely subsidised by the State) is about £5,000,000 this year, and its expenditure about the same, with a personnel of something like 45,000 people, all told. It is interesting to note that, in peace time, the Russian Red Cross is always an active body, and is always at the disposal of the State, wherever and whenever cholera or famine, or other plagues, break out in any part of this vast empire. It has, therefore, a complete scheme of mobilisation at a moment's notice, which was most effective on the outbreak of the present War.

"Many of these hospitals, large and small, I have visited since I arrived, and the stores, depots, and hospital trains, and various departments of the administration. Lady Sybil Grey and I, the only foreigners present, attended the opening of the Czar's hospital for 800 wounded in the Winter Palace, a brilliant ceremony, in which both the Empresses took part. I have also seen the departure of German crippled prisoners for home—very well and happy they looked, and they said they were well content with their treatment

in Russia—and the arrival of a train-load of Russian cripples from Germany, a pathetic and stirring sight that I shall never forget.

"For all that I have seen, I confess to having the greatest admiration; the methods are thorough and the results are splendid. Such shortcomings as there are—and where do such not exist—are due, not to lack of system and knowledge, but to the terrific size of the problem that has to be faced. It is not fair, or possible, to measure infinity by a two-foot rule, or to expect uni-

formity of method or training (which is comparatively easy of attainment with us), in an empire which stretches to Vladivostok—a six weeks' journey in an ordinary military train—and has to handle wounded men and prisoners on a scale absolutely unknown in England.

"The Russian Red Cross authorities were as anxious as I was that I should visit some of their main centres of activity outside Petrograd. . . .

"The first striking thing was the welter of humanity, striving and struggling to come or to

go, in the immense entrance hall of the Nicolaevsky Station at Petrograd; there were soldiers and sailors and merchants, pilgrims and refugees and Sisters of Mercy, old men and women and toddling infants, all pushing about in the half-gloom of that enormous vestibule, at either end of which stood, brilliantly lighted, a golden holy picture (or eikon), before which burned candles and tapers innumerable, whilst crowds were gathered in front of each, saying prayers of thanksgiving for a safe return or of intercession for a prosperous journey. Imagine such a scene at Paddington or Waterloo! Yet I found it was



AUXILIARY HOSPITAL, WYCH CROSS. SISTER HODDINOTT, R.N.S. AND PATIENTS.

part of the ordinary furnishing of every railway station, large or small, in Russia. As we steamed out, in a train of abnormal length, all the Russian passengers crossed themselves and we settled down to our journey. My A.D.C. and I had a two-berthed compartment to ourselves as comfortable as possible. We passed Moscow about 8 a.m., and hoped to reach Kieff at the same time on the following day; but, as a matter of fact, we arrived about five hours late, owing to a block of transport trains in one place and having to

wait (for two hours) for the Emperor's train to pass us at another.

"Kieff is, perhaps, the most ancient town of Russia, its first capital and the cradle of Christianity in the Empire.

"Everybody seems to be working for the War at Kieff, from the Grand Duchess Olga (the Emperor's sister) to the soldiers' wives and daughters in their homes, where they make anti-gas masks and clothing for the troops. The Grand Duchess is the matron of a hospital of 350 beds; a better-run institution or a more efficient matron I do not wish to see. She has been at it since the beginning of the War, first at Rovno, and then at Lemberg, retiring as the Army retired with the Germans at their heels. Yet she is as cheerful and bright as if she had just started work—and the soldiers, who only know her as their matron, simply adore her.

"Among other remarkable things at Kieff is the Central Goods Station, where the trains of wounded are brought alongside specially constructed barracks half-a-mile long, built on either side of the line. These barracks contain bath-rooms, waiting-rooms, dormitories, operating theatres and refreshment rooms, all served by the families of the South-Western Railway staff, and paid for by the employees of the company! I saw one train of wounded unloaded there; it came from the direction of Tarnopol, in Galicia, and contained 600 invalids. Eighty orderlies in long white linen

overcoats were drawn up opposite the carriages with ten doctors in attendance. The order to 'discharge' was sounded by a whistle. I took the time, and, in exactly ten minutes, not a man was left on the train or on the platform. It was a splendid piece of masterly organisation. Once inside the barracks, the wounded were undressed, washed, given new clothes, fed, classified, and sent to the various hospitals in invalid tram-cars. From beginning to end the Red Cross work at Kieff greatly impressed me, and I can never sufficiently thank the heads of the departments who put themselves so entirely at my disposal to show me everything.

"From Kieff to Odessa on the Black Sea ought to be a journey of about fifteen hours, but we took twenty-four. . . . Odessa is a delightful place, spacious and clean and obviously wealthy. I came all this distance mainly to see the hospital ships, and the magnificent arrangements made for

receiving every man who lands from a Black Sea expedition at any time, and for segregating infectious diseases and avoiding the spread of epidemics. Besides these, there were many hospitals to visit and bath-ships, also for disinfection (and disinsect-ion) purposes. But perhaps the thing which interested me most at Odessa was an inspection of a mobile ambulance unit which had just come down from a year's hard work at the Front. It consisted of fifty horse-drawn ambulances, rough and ready, but very strong; fifty transport wagons; a small hospital tent; 150 horses; 80 men and five officers, with two Red Cross Sisters. These were encamped on a piece of waste land, and Prince Ourousoff, the Red Cross Grand Commissary for South Russia, took me to see them. We arrived at 9 a.m., and immediately the bugle sounded for morning prayer, with which the day's work begins under



OPERATING ROOM, AUXILIARY HOSPITAL "A." WYCH CROSS.

all circumstances. The men, who were drawn up in two ranks, closed in to three sides of a square; in the centre stood a priest with the eikon, and we behind him. It was nearly all singing; they sang, 'Our Father,' the Creed, and a longish Litany. I wish you could have heard them, for it was a most impressive little open-air service. After prayers, another bugle-call, and the men rushed off to catch their horses and inspan. In seven minutes the horses were harnessed and 100 carts with mounted officers were moving across the ground. Another fine piece of work!

"From Odessa I turned north again to visit Moscow, almost a two days' journey and very cold. Thanks to the kindness of the municipal and Red Cross authorities, I spent five most interesting days in this wonderful city, visiting hospitals and stores on a scale so vast that, while it staggered the imagination, it gave one some idea of the colossal, inexhaustible size of the Army of All the Russias.

From nine o'clock each morning I was kept at it, and my programme was seldom finished in less than twelve hours. Here, as at Kieff, everybody was working, either for the wounded or the well; the undertakings are so enormous that the leading professional men in all branches of business are guiding them with their knowledge and experience of big enterprises, and with results that are eminently satisfactory to all.

"Wherever I went, I saw and heard of the incalculable benefit wrought among the people by the suppression of the sale of vodka—a crude sort of brandy, and hitherto the bane of Russia. Homes were happier, men and women more thrifty, and there were already evidences of improved health throughout the country. I went to one enormous distillery for the production of this same vodka—just outside Moscow. What a transformation! Over its entrance gates flew the Red Cross flag, and all the plant within its precincts was now devoted to making and bottling and packing anti-gas mixtures and formaline!"

THE SOCIETY FOR THE STATE REGISTRATION OF NURSES.

A Meeting of the Executive Committee and members was held at 431, Oxford Street, W., on Saturday last, which was well attended. Mrs. Fenwick was in the chair, and said the principal business before the meeting was to consider a Circular Letter from the Hon. Arthur Stanley, containing a proposition to organize the Nursing Profession, concerning which it had never been consulted. She read telegrams and letters of regret for non-attendance: Miss Cox-Davies wired "Much regret unable to attend meeting, please record disapproval of anything short of definite standard and protection by State." Miss H. L. Pearse wrote:—"I regret I cannot attend meeting, will you express my regrets and let me know what action is decided on. I suppose it is the same old interference under another name, just as if the present chaotic state of the Profession of Nursing was not entirely due to with-holding of our just right to arrange our own affairs under State protection." Miss Carson Rae wrote from Dublin:—"I have seen the letter from the Hon. A. Stanley, and as far as I understand it, I think it is a very dangerous scheme for Trained Nurses to come under. There will be no benefit from a Nursing College unless we are backed by State Registration. The Certificate which it is proposed to give is apparently also to be given to others than thoroughly trained nurses, and this will render it valueless to us. Also as the Board of Trade has to sanction the registration of the College, it places trained nurses under that Body, and we have fought such a request before, when we succeeded in getting the petition refused. There are many other points of disagreement, notably Finance. We don't

want Charity Certificates—the nursing profession can well pay for its own professional organization."

Miss Heather Bigg, President, and Miss A. Hulme, Hon. Sec., represented the Matrons' Council; Miss E. Barton was present watching specially the interests of Poor Law Nurses; Mrs. Porter, a delegate of the Irish Nurses' Association, and Miss Eden, the Hon. Secretary of the National Union of Trained Nurses were also present.

Mrs. Fenwick went through the clauses of the Letter *seriatim*—and was followed by Miss Musson, who also criticised the scheme in detail. Mrs. Fenwick explained that the document had not been forwarded to the Society for consideration—she received it incidentally for press purposes—but antecedent to the meeting of the Central Committee for the State Registration of Nurses, which was summoned to meet on the 15th inst. to consider the Circular, she, as President, desired to test the opinion of the meeting on the matter, so that directions could be given to their delegates as to their course of action.

After considerable discussion the sense of the meeting was taken, and it was unanimously agreed that the proposed scheme "was dangerous to the best interests of the profession of nursing, and that the delegates to the Central Committee for State Registration of Nurses should be instructed to oppose it, and to push forward the demand for legal Registration."

A further course of action was discussed, and several suggestions agreed to, but no action was to be taken until after the Conference on the 15th inst.

NEW MEMBERS.

The following applications for membership were considered and accepted.

- 3590 Miss I. K. Bennett, cert. Taunton and Somerset Hosp., Taunton.
- 3591 Miss E. Braham, cert. Bradford Roy. Inf.
- 3592 Miss G. Bellwood Storey, cert. Gen. Inf., Leeds.
- 3593 Miss J. L. McIntyre, cert. Western Inf., Glasgow.
- 3594 Mrs. M. Y. Eddlestone, cert. Roy. Victoria Inf., Newcastle-on-Tyne.
- 3595 Miss G. Barr, cert. Roy. Victoria Inf., Newcastle-on-Tyne.
- 3596 Miss A. Perry, cert. Cameron Hosp., West Hartlepool.
- 3597 Miss E. Bradley, cert. North Ormesby Hosp., Middlesbrough.
- 3598 Miss G. M. Haire, cert. Taunton and Somerset Hosp., Taunton.
- 3599 Miss T. M. Thornton, cert. Roy. Devon and Exeter Hosp., Exeter.
- 3600 Miss S. H. P. Sullivan, cert. Croydon Inf., Croydon.
- 3601 Miss H. Edmonds, cert. Union Hosp., Middlesbrough.
- 3602 Miss M. E. Barron, cert. St. Mary's Hosp., Paddington.
- 3603 Miss K. C. Anderson, cert. St. Bart.'s Hosp., Rochester.

- 3604 Miss A. G. Mann, cert. St. Bart.'s, Hosp., Rochester.
 3605 Miss C. Jones, cert. St. Bart.'s Hosp., Rochester.
 3606 Miss A. Phipps, cert. St. George's Inf., E.
 3607 Miss E. F. Roberts, cert. St. Bart.'s Hosp., Rochester.
 3608 Miss K. Dinsley, cert. Gen. Hosp., Bristol.
 3609 Miss K. Powell, cert. Brompton and Guy's Hosp., London.
 3610 Miss O. C. Franklin, cert. Gt. Northern Hosp., Holloway, N.
 3611 Miss M. E. Owens, cert. Blackburn Roy. Inf.
 3612 Miss E. Parker, cert. Auckland District Hosp., New Zealand.
 3613 Miss M. O. Williams, cert. Roy. Inf., Blackburn.
 3614 Miss M. E. Nolais, cert. Fulham Inf., London.
 3615 Miss S. Brown, cert. London Temperance Hosp.
 3616 Miss M. Bailey-Churchill, cert. Roy. South Hants. Hosp.
 3617 Miss M. M. Woodhouse, cert. Metropolitan Hosp., London.
 3618 Miss S. A. Rogers, cert. Inf., Birmingham.
 3619 Miss J. B. McLauchlan, cert. Western Inf., Glasgow.
 3620 Miss F. Ponting, cert. Roy. Inf., Bristol.
 3621 Miss D. Geary, cert. Roy. Victoria Inf., Newcastle-on-Tyne.
 3622 Miss F. M. Roberts, cert. London Homœopathic Hosp., London.
 3623 Miss A. E. Gramshaw, cert. Radcliffe Inf., Oxford.
 3624 Miss M. Waudlaw, cert. Roy. Inf., Sheffield.
 3625 Miss A. Waudlaw, cert. Roy. Waterloo Hosp., London, and Dreadnought Hosp., Greenwich.
 3626 Miss M. Lamb, cert. Roy. Sussex County Hosp., Brighton.
 3627 Miss R. Hallett, cert. Brompton Hosp., London (including training at General Hospital, Birmingham).
 3628 Miss E. F. Smith, cert. Wandsworth and Clapham Inf.

The Meeting then terminated.

MARGARET BREAY,
Hon. Secretary.

APPOINTMENTS.

MATRON.

Purley Military Hospital, Coulsdon, Surrey.—Miss Catherine Davison has been appointed Matron. She was trained at the Royal Alexandra Hospital, Paisley, and has had experience of private nursing at Newcastle-on-Tyne, and has been Sister and Midwife at the Greenwich Hospital, and Matron and Superintendent of private nurses at the Alston Cottage Hospital, Crowborough, Sussex, and temporary Superintendent Sister at Queen Mary's Hospital for Children, Carshalton.

ASSISTANT MATRON.

Royal South Hants and Southampton Hospital.—Miss Amy J. Lander has been appointed Assistant Matron. She was trained at the Queen Victoria Royal Infirmary, Preston, and has held the position of Sister, and Night Sister in various hospitals in the provinces and Ireland, and is at present Night Superintendent at the General Hospital, Northampton.

SISTER.

St. Leonard's Hospital, Sudbury, Suffolk.—Miss Mabel Palmer has been appointed Sister. She was trained at the Norwich Infirmary where she has held the position of Charge Nurse.

Edmonton Military Hospital, Upper Edmonton.—Miss M. C. Downie has been appointed Sister. She was trained at the Great Northern Central Hospital, London, and has held the position of Night Sister at the Royal Hospital, Richmond, Surrey.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Annie A. Hill is appointed to Hackney as Senior Nurse; Miss Eliza B. McMurtrie appointed to Torquay; Miss Emily F. T. Whatham appointed to Hackney as School Clinic Nurse; Miss Kate E. Young appointed to E. London (Stepney, Bow Common).

PRESENTATION.

At the Dunsdale Hospital, Westerham, Kent, recently, a concert was arranged by Orderly W. Hill, to show appreciation to Sister McNeil for all her kindness to the patients. Mr. Hill, in the course of the evening, expressed their thanks to Sister McNeil and presented an illuminated address to her bearing the names of over 40 wounded soldiers who had come under her care, together with a candle reading lamp selected by Sister Phipps at their request. A presentation was also made by the doctor and staff in appreciation of Sister McNeil's services. There was some talk during the evening of the Heavenly Visitants now known as "The Angels of Mons." Mr. Hill informs us that he himself saw such a vision when wounded. The visitant was wearing the badge of the Order of St. John.

WEDDING BELLS.

Many congratulations will be offered to Miss Ierne C. Keogh, trained at St. Bartholomew's Hospital, and later Matron of the Richmond Hospital, Dublin, on her marriage to Mr. John Blacker Porter, of the Canadian Mounted Rifles. It took place on December 23rd, at the Servite Church, South Kensington, and was a quiet ceremony, only a few intimate friends being present. The bridegroom expects shortly to proceed to the front.

THE PASSING BELL.

We greatly regret to announce the death of Miss M. E. Wilson, of Brisbane, of Queen Alexandra's Imperial Military Nursing Service Reserve, which took place in France at No. 14 General Hospital, from pneumonia. We tender our sympathy to our Australian colleagues.

NURSING ECHOES.

We hope that all our readers will study very carefully our Editorial in this issue. The subject with which it deals is of vital importance to every trained nurse.

The third Annual Reunion of the Kensington Infirmary Nurses' League, held at the Infirmary on the Feast of the Epiphany, was a most successful function from the time the members and their friends met for tea at 3.45 until the last good-byes were said after eleven.

The guests were received by the Matron, Miss Alsop, and the Chaplain and Hon. Secretary of the League, the Rev. A. Lombardini, and, as is usual at League meetings, everyone was happy and delighted to meet friends seldom seen at any other time.

Service in the chapel followed, and a feature of interest was the unveiling of a beautiful panel in mosaics given by Mrs. Oxley in memory of a sister who died in the Holy Land.

It need only be said that Dr. Hickox presided at the organ to realize that the music, vocal and instrumental, was of a very high order of merit.

The address was given by the Rev. Prebendary Pennyfather, D.D., Rector of St. Mary Abbott's, Kensington, who laid emphasis on the need for silence and recollection in the lives of nurses, and the importance of making use of such opportunities as offered for their practice in busy lives.

At the conclusion of the service many of those present remained to look at the beautiful

decorations and to examine more closely the latest addition to the art treasures which are being accumulated.

A number of blue-robed old ladies from the infirmary formed an interesting and pathetic group, who showed a keen interest in the new panel, representing the marriage feast in Cana of Galilee.

The guests then dispersed, many of them taking the opportunity of seeing some of the wards, which looked charming, many with red, white, and blue shades over the lights, and

pretty floral decorations. The Infirmary is very busy, with a number of serious cases, as it is taking those of two other parishes which are now receiving military cases.

Long before eight o'clock—the time fixed for the evening's entertainment—the ward arranged for this purpose was crowded. A most varied programme had been arranged. It is impossible to mention all the items, but Miss Vickers' band was unusually excellent, Miss Beatrice Betts charmed everyone with "Dixie Land," Mr. Harfield's humorous songs and stories were delightful, Miss Croke and Mr. Washington gave

inimitable coster sketches, while the Children's Play, "Town and Country Mouse," was extremely well played, and great applause greeted the hornpipe danced by Daphne Glover and Hazel Picken. The violin solos of Mlle. Claire Amez-Droz were delicious, and the comedietta, "Snowed up with a Duchess," most amusing.

Halfway through the entertainment Princess Henry of Battenberg, attended by Miss Cochran, and accompanied by Mrs. Cochran,



SISTER HUNTER.

ACTING ASSISTANT MATRON KENSINGTON INFIRMARY.
WHO HAS SERVED THE INSTITUTION FOR 21 YEARS.

arrived at the Infirmary, and was received by the Chaplain, who presented the Matron, Miss Alsop, the Medical Superintendent, Dr. Potter, and the Chairman of the Infirmary, Miss Wilde; Sister Yates presented a beautiful bouquet of flowers. The Chaplain then briefly welcomed the Princess, and the Matron, Miss Alsop, presented the following report:—

THE MATRON'S REPORT.

Miss Alsop said:—

"May it please Your Royal Highness.

Kensington Infirmary was one of the first training schools in London to be recognised by the Local Government Board. Since 1890 upwards of 300 nurses have been trained here, gaining a three years' certificate in medical, surgical, and general nursing. There is also a midwifery ward, where nurses may go in their fourth year to gain experience in this special branch of work and qualify for the certificate of the Central Midwives Board. The Medical Superintendent here is a recognised teacher.

In the year 1913 the Nurses' League was formed, a journal published, and the League badge and colours inaugurated. The Matron had long wished for something which would keep the nurses more in touch with their training school. This idea was taken up and quickly carried out by the Chaplain, and with the permission of our Committee, the first Annual Reunion took place on January 6th, 1914.

Nurses came from all parts of the country, and everyone agreed it was the greatest success. The first badges were given on this occasion.

The School has grown considerably since 1890, and in the last eight years a Home Sister has been appointed and eight extra probationers, bringing the nursing staff up to a total of 83. Since the war started upwards of 60 members of our League have volunteered for war service, and are now nursing in many countries. A great number are members of Queen Alexandra's I.M.N.S. Reserve, several have joined the French Flag Nursing Corps, and others the Territorial Nursing Service."

The Princess then presented badges and prizes to the members of the Nurses' League who had gained them during the past year, pinning on the badge in each instance. The qualifications of the nurses were announced by Dr. Potter.

Gold Badge.—Sister Yates, "the best all-round nurse" taking into consideration ward work, general reports, and the Matron's report.

Bronze Badges.—Sister Lockhart, Sister

Adames, and Nurses Oakley, Page, West, James, Lucas, Powell.

Gardening Prizes.—Small plots are cultivated by the Sisters and nurses, and the League gives a prize for the two best each year. The first prize—a photo frame—was won by Nurse Kibble; the second, a handbag, by Sister Wharton.

Anatomy and Physiology.—Two prizes are given by Dr. Coles, the first Assistant Medical Officer, for the nurses doing best in his examination. Nurse George and Nurse Webb were bracketed equal, and each received a wristlet watch; and Nurse Reynolds, who was second, received a book.

After presenting these the Princess descended from the platform, and remained for some time an interested spectator of the entertainment.

The Lord Mayor and the Lady Mayoress of Liverpool (Alderman and Mrs. Mather) entertained last week nurses from the Liverpool hospitals at the Town Hall. There were over 800 present at the reception, and a similar number on the following evening. The large suite of rooms was very charmingly decorated; all the flowers were white, thus harmonizing with the white caps and aprons. The nurses, who came exclusively from the hospitals, were announced by name, and each personally welcomed by the Lady Mayoress, and a most enjoyable evening was spent.

A very satisfactory report was presented to the North Bierley Guardians at a recent meeting by Dr. Heard on a recent examination of three nurses in the Union Infirmary who had just completed their three years' training. Dr. Heard reported that all three passed a somewhat stiff examination most creditably, and, in the opinion of a leading Bradford doctor, had displayed a remarkable degree of knowledge. Dr. Heard was of opinion that they had done great credit to themselves, to the resident medical officer, Dr. Cunliffe, and to the Superintendent Nurse, Miss Hare. The members of the Committee expressed their satisfaction with the report.

IRISH NURSES' ASSOCIATION.

Miss French, Secretary of the Orthopaedic Hospital, Dublin, has been appointed Secretary to the Irish Nurses' Association, in succession to Mrs. Jeffers, whose resignation, for private reasons, will be much regretted. We extend to her successor the best wishes of this Journal for a happy and successful term of office.

BOOK OF THE WEEK.

"THE ACCOLADE."

A table of the Ingestre family is printed on the fly-leaf of the book and we recommend its readers to study it carefully before reading the story. If it is overlooked, as may quite well happen, it will probably follow that one will get hopelessly bewildered with the different branches and generations of this very interesting family that is marshalled in quick succession, with rather abrupt exit and entrance.

John Ingestre is the central figure for whom the rest of the family form a setting.

We confess that John baffles our power of description, but of one thing we are quite certain: that we are very sorry for Mrs. John, who, though she always did and said the correct thing, was no doubt the worst possible wife for her erratic husband.

The author deals largely in subtlety of thought and style, both in plot and conversation, and often leaves one wondering if the point is too fine for our comprehension, or whether there is any point to see. But there is no doubt at all that in the "Accolade" we have a most interesting and fascinating study, shall we say of complexities, and it is not far short of brilliancy.

John's attitude to his family, who had vetoed his leaning towards the stage, is as follows:—

"He liked his new friends, and did not happen to like his father. The parental methods, for some time past, had bored him. Having always figured as a rebel, he had tried all his father's moods, and admired none of them. At a distance of thirty miles, he could stand his relations very well. After all, if things came to the worst with the new arts he was learning, he could always knock his father down; lay him out tidily that is—since Mr. Ingestre was rather old and infirm. As for his grandmother, she was for obvious reasons older still, but there was good hope of her coming to a natural end. Johnny—piously-minded—commended her to nature's attention, and went on."

John, teasing Violet, the fourteen-year-old daughter of a friend, whom with his fiancée he is seeking to entertain at his house, says:—

"You learn lots of dates, don't you? When you were her age, Ursula, you probably knew lots of things."

"Do you mean I'm ignorant now?"

"Yes, thank Heaven."

"Do you like ignorance?" said Violet.

"Rather," said Johnny. "Except, of course, in the people I pay to know. People like secretaries and solicitors and doctors—"

"Don't attend to him," said Violet, kindly.

"I pay Miss Thynne," said Johnny, "or rather I shall pay her shortly, to know nothing."

"John, how horrid you are," said Ursula, really indignant. "Pay me indeed! A nice

time you'd have if I didn't know a great deal more than you."

The child Violet grown up and married in after years is always a thorn in the flesh to Ursula, though the friendship between her and John was quite an innocent one. But then John is the type of man that attracts women against their will, and his attitude towards those favoured with his approbation, was whimsical and caressing.

John tells Ursula that the dramatic profession is the worst paid, and hardest worked, of any except sick nursing.

"How can you compare them?" said Ursula, indignantly.

"I don't for a minute," said Johnny. "Anyone can smooth a pillow. You'd do it by nature; so would little Miss rough-haired Rosalind. Violet would do it—oh, rippingly." He stretched his arms and looked at her. "Pity I've never been ill."

Ursula coloured a little. She would have given much to have John ill, really helpless on her hands: she could have taught him a few things then. How much of woman's boasted faculty for nursing is love of power, in origin. How curious it is, we might add in our turn, that so many persons consider themselves competent to criticise the nursing profession.

But with this and other blemishes allowed for, we can recommend the book as an interesting and amusing study.

H. H.

COMING EVENTS.

January 14th.—Applications for Licences for Lying-in Homes. London County Council.

January 15th.—Meeting of the Central Committee for the State Registration of Nurses. To consider a Circular Letter issued by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee, proposing to organise the Nursing Profession in conjunction with a Voluntary Nursing College.

January 20th.—Central Midwives Board. Monthly meeting. Board Room, Caxton House, S.W. 3.30 p.m.

January 21st.—Central Midwives Board. Penal Cases. Board Room, Caxton House, S.W. 11 a.m.

January 21st.—The Matrons' Council: Annual Meeting, 431, Oxford Street, London, W. 3.45 p.m. Tea.

Meeting National Council of Trained Nurses, 5 p.m. To receive a report from Delegates to International Council Meeting and Nurses' Convention, San Francisco.

January 22nd.—League of St. Bartholomew's Hospital Nurses. The Winter General Meeting, Clinical Theatre, Medical School, 3 p.m. Social Gathering, Nurses' Sitting Room, Nurses' Home.

Rise, brothers, rise—
The wakening skies pray to the morning light.

Samuel Naylor

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE ORGANIZATION OF THE NURSING PROFESSION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—How many more attacks are to be made in attempting to govern our profession without consulting us? I remember at least three, which, thanks to your vigilance, have all proved abortive. I can quite believe that during the time the Hon. Arthur Stanley has been Chairman of the Joint War Committee he has noticed lack of organization, but it is not the nurses' fault, but greatly to the discredit of men who govern us without our consent, who have, for a quarter of a century, obstructed every demand upon our part for the passing of our Registration Bill, which provides facilities for us to organize our own work as we ought to be permitted to do.

I have read carefully Mr. Stanley's suggestions and fail to see what would be the use of such a system. First of all, we nurses are deprived of all power of self-government, and then we are put off with a voluntary system which would be the failure it deserves. The time is past for any voluntary scheme, managed by hospital governors and officials who do not maintain us, and have no authority over us, and I, for one, hope the registration party will oppose this new danger, which proposes to reduce us to the position of serfs. It is most unjust that every class working for standards of national health, such as doctors, midwives, chemists and dentists should have State protection, and because money can be made out of us, that trained nurses are treated worse than domestic servants by the State. Now is the time for us to rise up and make an end of all this tyranny.

Yours truly,
MARY F. SIMMONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read Mr. Stanley's letter carefully as you desired in last week's Journal. It would not do us any good. We want an Act of Parliament like other people, doctors and midwives, and I hope we, as a body, shall stick to that. If the Red Cross has anything to do with the new suggestion, I for one should object to it strongly. I don't know who is responsible for the wholesale depreciation of our standards since the war began, the Joint War Committee or the Red Cross Society, but we trained nurses feel very indignant about it. Let us manage our own affairs without charity and patronage.

Yours truly,
MEMBER REGISTERED NURSES' SOCIETY

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—After the way my friend Miss Fubbs has been treated—and every other nurse can be injured by autocratic civilians—don't let us be led astray by futile schemes. No effective organisation can be maintained without an Act of Parliament, and why are trained nurses to be neglected for years and years? If midwives can get legal status in war time, why not trained nurses? We have waited long enough and should stir up all over the country. The country owes the nurses a deep debt of gratitude for their care of the Army and Navy, and the best way to pay it is to pass our Registration Bill.

Yours truly,
A MEMBER OF GUY'S HOSPITAL NURSES' LEAGUE.

NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—If protection is accorded to the uniform of the V.A.D.'s, because they are attached to the service of the Crown, then the trained nurses as public servants are entitled to the protection of their uniform by the State, and it is nothing but an outrage that the uniform of the former should be protected from abuse, while that of the trained nurse should be dragged in the mire of Piccadilly and Leicester Square, into the divorce court and into the dock, and the Government does nothing to prevent it. Your correspondent says that until some scheme of nurses' registration is adopted the protection of nurses' uniform is impossible. Quite so, but the registration of trained nurses is quite possible. It is quite as much a matter of public urgency as the registration of midwives in Scotland, the Bill for which the Government put through with the greatest ease.

There could be no moment more urgent for differentiating between the professional and the amateur than the present, and if the Government persists in its deliberate neglect of the interests of trained nurses, it will find that its policy of inaction recoils upon itself.

I am, dear Madam,
Yours faithfully,
AN ADVOCATE OF JUSTICE.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Fridays, 2.30 to 5 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing is an additional advantage, also a knowledge of French.

OUR PRIZE COMPETITIONS

January 22nd.—What are the chief functions of the stomach, intestines, liver and pancreas?

January 29th.—What are the causes of constipation in an infant during the first ten days of its life? How is the condition treated?

The Midwife.

CENTRAL MIDWIVES BOARD.

DECEMBER EXAMINATION.

At the examination of the Central Midwives Board on December 15th, 293 candidates were examined and 223 passed the examiners. The percentage of failures was 23.9.

LIST OF SUCCESSFUL CANDIDATES.

LONDON.

British Hospital for Mothers and Babies.—M. M. Grimsley.

City of London Lying-in Hospital.—K. Aylward, N. F. Barber, K. Barnard, M. G. Brown, L. Camebus, E. F. Duffield, G. M. Foy, M. A. Laws, B. Ritchie, G. B. Youdell.

Clapham Maternity Hospital.—M. Davies, L. B. Earl, M. E. Hay, E. Keys, G. C. Taylor, M. M. Terry, L. Tucker, E. Williamson.

East End Mothers' Home.—E. Brown, E. H. Hockridge, A. T. Maillard, W. E. Milwright, A. W. Mobbs, A. Morgans.

General Lying-in Hospital.—B. L. Andrews, S. Barritt, I. D. Christie, S. Coombs, I. W. Frost, L. A. Gordon, F. M. Hepworth, E. A. Knight, S. Knight, E. Norman, E. S. Skafte, A. Tustain, M. H. Upton.

Greenwich Union Infirmary.—E. K. Bradley, D. E. Gibbons, A. L. Johnston.

Guy's Institution.—E. M. Cox, K. R. E. Freeman, G. M. Hockin.

Kensington Union Infirmary.—M. M. Morton.
London Hospital.—H. L. Campbell, W. B. Fielding, E. M. Loney, A. L. E. O'Brien, A. E. Pym.

Maternity Nursing Association.—A. A. Barnes, G. M. Bostock, F. L. Burton, F. M. Crooks, M. A. Kingdon, H. Lyons, F. Nunn, J. A. Pollard, E. R. Saul.

Middlesex Hospital.—E. Dearman, L. Ellwood, A. E. Howe, E. A. Southon.

New Hospital for Women.—E. L. Horne, R. Robinson.

Plaislow Maternity Charity.—L. M. Ashton, G. M. Bayfield, M. M. Broom, K. R. Bullen, P. E. L. M. Carter, M. E. Cooper, F. L. Croft, H. M. L. Ewing, F. Gogle, M. A. Hamson, A. M. Holm, R. S. Jeans, C. M. Lea, E. M. Palmer, M. E. Patrickson, E. E. Roberts, E. M. Storey, C. S. Symes, F. E. V. Teffer, A. R. Vicker, E. E. Waring, M. P. Watson, E. Webb, F. M. Wright.

Queen Charlotte's Hospital.—I. A. M. Allen, C. M. Debove, E. Evans, L. Greenslade, T. M. Grove, S. L. Harrison, E. E. Kneec, G. M. I. List, F. Matthews, M. M. Morris, K. A. Nott, M. Stokes, A. Summeifield, A. L. Wood.

Salvation Army Mothers' Hospital.—A. A. Barnes, A. M. Greenwood, I. M. Isaksen, F. King, M. A. Phillips, M. J. Stuart.

St. Bartholomew's Hospital.—V. G. E. Burke.
St. Mary's Hospital.—H. M. De Robert.

PROVINCES.

Aldershot Louise Margaret Hospital.—E. Hurdley.

Birmingham Maternity Hospital.—M. W. Carter, H. G. Clubb, S. Cross, F. Downes, V. Giffin, A. F. Jackson, G. S. Lee, E. Lomax, E. H. Maycock, F. A. Thomas.

Birmingham, Selly Oak Union Infirmary.—M. Talbot.

Birmingham Workhouse Infirmary.—M. Heslin, L. M. Paice.

Brighton Hospital for Women.—C. I. Bartram, B. M. Greenhow, A. M. Payne, G. M. Pollett.

Bristol General Hospital.—C. M. Chope.

Bristol Royal Infirmary.—C. P. Belcher, G. B. Reed, E. M. Stephens.

Cheltenham District Nursing Association.—G. Farrar.

Coventry Union Infirmary.—A. D. Kemp.
Derby Royal Nursing Association.—F. L. Gibbard, S. A. Hodson.

Devon and Cornwall Training School.—L. Angwin, M. Lockett, M. Perrow, E. S. Stribley.

Devonport Military Families' Hospital.—M. A. Morris.

Essex County Cottage Nursing Society.—G. A. Burchett, C. M. Doyle, A. H. Fenwick, J. M. Kennard, M. A. Preston, M. L. Whiteside.

Ipswich Nurses' Home.—F. J. Archer, M. C. Webster.

Kingston-on-Thames Union Infirmary.—S. L. Bennett.

Leicester Maternity Hospital.—M. A. Keay.

Liverpool Maternity Hospital.—E. Brightmore, F. M. Ryder.

Liverpool Workhouse Hospital.—B. A. Caiphas, F. G. Coxen, J. Hanna, A. Roberts.

Manchester, St. Mary's Hospital.—L. E. Evans.

Norwich Maternity Institution.—E. M. Fletcher, W. C. Woods.

Northingham Workhouse Infirmary.—S. J. Lee, E. A. Walker.

Preston Union Workhouse.—E. A. Cooper.

Southampton Union Infirmary.—E. W. Ryder.

Staffordshire Training Home for Nurses.—M. Davies, M. Masters.

Wolverhampton District Nurses' Home.—E. J. Spencer.

Wolverhampton District Nurses' Home and Wolverhampton Union Infirmary.—H. H. Done.

WALES.

Cardiff, Q.V.J.N.I.—E. Jones, H. A. Jones.

Monmouthshire Nursing Association.—M. H. Morris.

Monmouthshire Training Centre.—A. M. Ware.

SCOTLAND.

Edinburgh Maternity Hospital.—M. Wedderburn
Edinburgh Royal Maternity Hospital.—M. J.
Newington.
Glasgow Maternity Hospital. B. Moss, F.
W. Livingston.

IRELAND.

Dublin Rotunda Hospital.—A. R. Gordon.
I. B. G. Williams.

PRIVATE TUTION.

E. C. Adams, W. A. Arter, S. M. Brian, M.
Carter, F. Cockram, F. Davies, E. Ford, E. C. M.
Gillan, F. Hurst, E. M. Jaggard, V. M. Jensen,
E. E. Lane, E. G. Lawrence, R. McMullen, T. A. E.
Maguire, M. J. Moore, M. L. E. J. Nixon, C.
Nuttall, C. O'Neil, S. R. Rycroft, A. M. Stable-
ford, B. S. Stone, E. Thomas, A. M. E. Turner, A.
Whitfield, E. M. Williams, G. Williams.

PRIVATE TUITION AND INSTITUTIONS.

General Lying-in Hospital.—D. Hoggarth.
Kensington Union Infirmary.—M. J. Barnes,
G. E. Pyne, G. M. Spencer, V. K. Spencer.
Kingswood Nurses' Home.—F. E. Pearce.
London Hospital.—R. D. Myers, K. G. Newton,
I. Rice.
New Hospital for Women.—H. L. G. Anthony,
A. E. Boorer, M. E. Rawle.
Nottingham Workhouse Infirmary.—S. Banks,
H. Parfremont.
Manchester, St. Mary's Hospitals.—L. A. Barlow,
B. Wilson.
*Birmingham Maternity Hospital and Coventry
Union Infirmary.*—A. M. Darrah.

INFANT CARE.

An advanced course of twelve lectures on Infant
Care will be given, at the Royal Society of Medicine,
1, Wimpole Street, W., beginning on January 24th,
at which nurses and midwives will be welcome,
though it is primarily intended for Infant Welfare
Workers, and will include such subjects as
"Infants' Clothing and Infants' Cookery." Dr.
Eric Pritchard, on alternate Thursdays, will give
practical demonstrations at 77, Welbeck Street,
at 4.30. The lectures are under the auspices of
the National Association for the Prevention of
Infant Mortality and for the Welfare of Infancy,
4, Tavistock Square, W.C.

SYLLABUS.

Lectures at the Royal Society of Medicine,
Mondays, 5.30 :—

January 24th.—Nature and Nurture. By C. W.
Saleeby, Esq., M.D. (Edin.).

January 31st.—Expectant Motherhood. By Mrs.
Florence Willey, M.D., Asst. Physician, Diseases
of Women, Royal Free Hospital.

February 7th.—The Physical Development of
the Child. By David Forsyth, Esq., M.D.,

F.R.C.P., Physician, Evelina Hospital for
Children.

February 14th.—The Early Symptoms of
Nervous Disease in Children. By David Forsyth,
Esq., M.D., F.R.C.P.

February 21st.—The Effect of Venereal Disease
on Pregnant Women and on Children. By
Eardley Holland, Esq., M.D., M.R.C.P., Physician,
City of London Lying-in Hospital.

February 28th.—The Study of Nutritional
Disorders in Infants and Young Children. By
H. C. Cameron, Esq., M.A., M.D., F.R.C.P.,
Physician to the Children's Department, Guy's
Hospital.

March 6th.—Cookery for Infants and Children
under School Age. By Miss Florence Petty (The
Pudding Lady).

March 13th.—Food and Food Values. By Eric
Pritchard, Esq., M.A., M.D., M.R.C.P., Physician,
Queen's Hospital for Children.

March 20th.—Milk and Artificial Foods. By
Henry Kenwood, Esq., M.B., L.R.C.P., Professor
of Hygiene at the University of London, Medical
Officer of Health for Bedfordshire and Stoke
Newington.

March 27th.—The Clothing of Infants and
Children under School Age. By Miss M. B.
Synge, author of "Simple Garments for Infants
and for Children from 4 to 14."

April 3rd.—Training of the Hand and Eye in
Early Childhood. By H. Holman, Esq., M.A.,
Editor, "Child Study."

April 10th.—What to do in Emergencies. By
Miss Mildred Burgess, M.D., Medical Officer to
the Fulham School for Mothers.

Practical Clinical Demonstrations at the St.
Marylebone Dispensary, 77, Welbeck Street, W.,
Thursdays, 4.30 :—January 27th, How to Examine
a Baby: Good Points and Bad Points; February
10th, Practical Points in the General Management
of Infants; February 24th, The Results of Early
Mismanagement; March 6th, The Properties of
Milk; March 23rd, The Modification of Milk;
April 6th, The Uses of Dried Milk.

For tickets, which must be procured in advance,
apply to the Secretary, 4, Tavistock Square, W.C.
Course, 5s.; single lectures, 1s.; Clinical Demon-
strations Course, 2s. 6d.

INFANTS' HOSPITAL FOR DUNDEE.

A Committee to which Miss Barbour, Grey
Lodge, Dundee, is acting as Secretary, is pro-
moting a scheme for the establishment of a
hospital for infants and young children in Dundee.
A house has been secured at 19, Windsor Street,
and it is hoped to provide 20 beds in the first
instance. It is estimated that £2,000 will be
needed, towards which £1,400 has been subscribed.
There is urgent need for a place where infants
needing hospital treatment, especially cases of
malnutrition, can be received.

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Vol. LVI

EDITORIAL.

AN ANTI-WASTE CAMPAIGN.

The expense of the war now in progress, and the paramount necessity for thrift, in order that the resources of the nation may be available for its better prosecution, is apparent to all.

It is therefore at an opportune moment that the Institute of Hygiene, 33, Devonshire Street, W., has arranged an Exhibition, representing Domestic Economy, which was opened on Monday last by H.R.H. Princess Louise, Duchess of Argyll, and which has been in progress all the week.

The Princess, who was met by the Principal, Mr. Grant Ramsay, and received by the President (Sir William Bennett) and members of Council was at once conducted to the Reception Room.

The President, in his introductory remarks in welcoming the Princess, said that by her presence Her Royal Highness was greatly helping a cause which, always important, is just now urgently so to the Nation at large. He continued: "The word economy is very much in the mouths of us all now in connection with every form of expenditure. . . . Domestic economy, *i.e.*, the economy of the household, with which we are here alone concerned, seems, at first sight, strangely enough the most difficult of all economies. It is easy to forbid the use of imported foods, what we commonly call luxuries are easily done without, but when it comes to reducing the ordinary and apparently unavoidable expenses of the household the trouble begins.

"There is however one obstacle to economy, and so an aid to extravagance in the house, ignored by many, unknown to some, which is within the power of all to overcome, and that is 'waste.' The surest

road to economy is the prevention of waste. The object of the present Exhibition is mainly to indicate some of the ways in which waste in the household can be prevented, an object which is worthy of a supreme effort by all of us."

The Princess speaking with great feeling, earnestness, and charm said, "I consider it a great honour to be asked to come here to-day. Domestic Economy is a subject very near to my heart, and more than ever now when it is a terrible necessity owing to this terrible war. We want thrift, and then with a healthy mind and healthy body, and good cooking, comfort and contentment result. In the avoidance of waste in cooking the British nation seems worse than any other. I have seen a good deal of Continental methods, and one small piece of meat will often supply nourishing meals for three or four days. In this country it serves for one, and the best things are thrown away. It is hoped by education and training these national faults may be remedied, and anything which contributes to improvement in this direction, such as the work of the Institute, has my sincere support. In regard to technical teaching not only is instruction in cooking necessary, but the cultivation of cleanliness and order are of great importance. Such instruction is of comparatively little use to a woman if she has not an orderly mind."

"Then," continued the Princess, "it is so important about the children," and she went on to speak with great earnestness of the wastage of infant life. No one who heard her speak could fail to realize how deeply Her Royal Highness feels on the subject.

Let us hope that the exhibition, opened so auspiciously, may be fruitful in good results. Its promoters were assured by the Princess that it was very near to her heart to help them in any way she could.

THE PREVENTION OF EAR AND THROAT TROUBLES IN INFANCY.

By MACLEOD YEARSLEY, F.R.C.S.,

Senior Surgeon to the Royal Ear Hospital; Otolologist to London County Council Deaf Schools; Aural Surgeon to the Red Cross Hospital, Harrow-on-the-Hill, &c.

(Concluded from page 47.)

Of the infectious fevers, the greatest offenders are scarlet fever, diphtheria, and measles. They may cause deafness either by meningitis, by catarrh of the tympanum, or by causing an abscess in the drum cavity. The greater number of measles, scarlet fever, and diphtheria ear complications that are seen are those in which suppuration and consequent chronic discharge from the ear has become established. It is this form that requires most to be considered here. This form of ear disease is not only often infectious, but it tends to remain, to destroy hearing, and to kill. A fatal result may be delayed for years, but it is none the less sure. More operations on the ear are necessitated by the serious brain and other complications of ear discharge following scarlet fever, diphtheria, and measles, than in any other form of disease of that organ. The time comes when the surgeon has no alternative but to sacrifice function to save life; often the destruction wrought by the ear disease has already destroyed the greater part of the hearing. The proper treatment of these conditions is to prevent them when they threaten, or to interfere promptly when they occur. A large number of these cases can be prevented by care of the nose and throat during an attack of scarlatina or other infectious fevers. The nose should be kept clean by means of sprays and gently blowing, and the throat by antiseptic mouth washes. A watch must be kept unceasingly on the ears, so that on the slightest sign of pain efficient help can be obtained. When ear discharge has been established, the question of prompt and adequate treatment is purely a medical one, and not for discussion here.

In whooping cough, ear complication generally takes the form of discharge, the suppuration being the result of the forcing of infective material from the nasopharynx into the tympanum through the Eustachian tube during the spasmodic cough of the disease. Occasionally the deafness is a nerve deafness, and due to hæmorrhage into the cochlea during the spasms of coughing.

Mumps occasionally causes severe nerve deafness, and, although this complication of the disease is rare, it should be widely known, for, unless the deafness is caught very early and treated promptly and energetically, it is incurable.

The third group of causes of deafness is that of primary ear disease. Much of this has already been discussed. Indeed, in infants and children primary ear disease is almost inseparable from adenoids. The origin of catarrhal deafness has, I think, been discussed sufficiently, but there are a few points in connection with deafness with discharge that require notice and emphasizing.

Inflammation in the cavity of the drum, with the formation of matter or pus (practically an abscess in the ear) is a serious menace, not only to hearing but to life. Yet the majority of such cases are amenable to timely and prompt treatment. No case in which there is a discharge of matter from the ear should be neglected. Nearly all cases of tympanic abscess start as an acute inflammation of the Eustachian tube and drum cavity. When they are not due to one of the infectious fevers, or to influenza, they are practically always due to causes starting in the nasopharynx, especially to adenoids. The inflammation, and, later, the formation of matter shut up in a bony cavity with unyielding walls, causes severe pain, only relieved by perforation of the drumhead and the discharge of the contained accumulation. It is at this early stage that an incision through the drumhead, combined with active treatment of the nose and nasopharynx is most likely to bring about relief and cure, by relieving tension, draining the tympanum, and attacking the cause. Surgical incisions in the drumhead heal rapidly and leave little or no damage, so that a dangerous condition is stopped and hearing preserved.

Cases which are neglected pass on to chronic discharge, kept up by repeated re-infection through the Eustachian tube and by bad conditions in the drum cavity. Owing to the shape of the drum cavity, it is not easy for it to drain well. It is then that complications begin. If the relations of the drum be considered—the antrum behind, the thin roof above, separating it from the brain cavity by a partition scarcely thicker than paper, the floor below, with the big vein of the neck underneath, the facial nerve, which supplies the nerve impulses that move the muscles of the face, passing through it, and the internal ear, containing the auditory nerve endings on its inner side—the occurrence of such serious complications as mastoid

abscess, meningitis, brain abscess, septic clotting of the blood in the big vein, blood poisoning, facial paralysis, and abscess in the internal ear can be readily understood and realised. Besides all these complications, all of which are serious and tend to become fatal, there may occur destruction of the small bones in the drum, and the formation of polypi. Every one of these complications necessitates surgical treatment, mostly operative, of varying severity. Could there be any condition of the body which calls more for prevention? On the one hand is timely interference by appropriate and simple treatment, leading to cure and preservation of hearing; on the other hand lies serious operation, by which, too often, the important function of hearing has to be sacrificed to the saving of life.

In conclusion, there are certain superstitions prevalent concerning discharges from the ear, which you should be in a position to combat vigorously. The first is that it is "dangerous to stop a discharge." This is a very ancient fallacy, the origin of which can be traced to Fallopius, an anatomist who flourished from 1523 to 1562. This man, who has left his name to certain anatomical structures which he was the first to describe, taught that a discharge of matter from the ear of a child should not be meddled with, as it was an "effort of nature to throw morbid material out of the head through the ears." The survival among the ignorant of this pernicious doctrine is responsible for many fatalities and much destruction of hearing.

Another fallacy is that the stoppage of a discharge is responsible for deafness. In chronic ear suppuration it is often the fact that hearing is better while the discharge is flowing freely, and worse when it apparently ceases. The word "apparently" is used advisedly, because the real state of things is that hearing is less because the ear is full of discharge which is, for some reason, blocked up and unable to get out, thus causing pain, headaches, and increased deafness, which symptoms are relieved by the re-establishment of a free flow. The ignorant, who do not know this, naturally confuse cause and effect, and argue erroneously on that account that the pain, headache, and deafness are due to the *absence* of discharge, and that it should, therefore, not be stopped. No doubt this fallacy has helped to keep alive the idea that it is dangerous to stop an ear discharge. Unfortunately, there appear still to exist a few members of my profession sufficiently ignorant to support it, and their opinion is eagerly seized upon by those of the laity whose wishes it suits. Even now, there are doctors who tell parents

that their child will "grow out of" his discharge, a most pernicious, ignorant, and dangerous doctrine, which you should all fight against. In too many cases the discharge grows out of the child by bringing about his death.

HEALTH OF THE TROOPS.

In the House of Commons recently, Mr. Tennant, replying to Sir E. Cornwall regarding sickness and mortality among troops in the Salisbury Plain district, said:—The annual ratios per 1,000 are, during the period September 1 to December 31: Admissions, 325.4; deaths, 1.88. Both these ratios are lower than those for peace time, and in these circumstances I cannot see any necessity for the appointment of a Committee.

Replying to Mr. W. Thorne, Mr. Tennant said further:—In the period from the commencement of hostilities to November 10, 1,365 cases of enteric fever were reported as having occurred amongst the British troops in France and Belgium; of these, 1,150 cases have been definitely diagnosed after bacteriological examination. In 579 cases where there had been inoculation there were 35 deaths, and in 571 cases where there had not been inoculation there were 115 deaths. In the United Kingdom from August 1, 1914, to October 30, 1915, 549 cases of enteric fever were reported and 87 deaths; 39 per cent. of these cases occurred in men who had not been inoculated, but he could not say how the deaths were distributed amongst the inoculated and uninoculated respectively. For paratyphoid no system of inoculation has yet been adopted.

FLYING SICKNESS.

On the subject of "Flying Sickness," the *Lancet* says:—"It is clear, we think, that flying sickness is not comparable in the strict sense with mountain sickness, in spite of the fact that some of the symptoms are more or less identical. Hitherto we have had little direct evidence of what occurs as the result of rapid transference from high to low altitudes, for the laborious ascent of the mountaineer into rarefied air is very different from a speedy return to normal pressures, while the climb of a flying machine is hardly so rapid as to cause any ill effect. The pilot who is lifted from his machine, after a fast *vol-plané*, in a semi-conscious condition, falling thereafter into a deep sleep, shows a phenomenon not met with either in mountain sickness or in caisson disease."

OUR PRIZE COMPETITION.

WHAT ARE THE CHIEF FUNCTIONS OF THE STOMACH, INTESTINES, LIVER AND PANCREAS?

We have pleasure in awarding the prize this week to Miss E. A. Noblett, 2nd Northern Hospital, Headingley, Leeds.

PRIZE PAPER.

The Stomach.—The functions of the stomach are to secrete a digestive fluid (gastric juice), to the action of which the food is subjected after it has entered the cavity of the stomach; to thoroughly incorporate the fluid with the food by means of its muscular movements; and to absorb such substances as are capable of absorption.

Gastric juice contains about 0.2 per cent. of free hydrochloric acid, some mucous, and a small quantity of a peculiar substance called pepsin; also a ferment called rennin.

The chief function of the gastric juice is to convert proteids into peptones. The proteids are insoluble and indiffusible bodies, which, when acted upon by the acid and pepsin of the gastric juice, become soluble and diffusible—i.e., they possess the property of passing through animal membrane. Gelatin is dissolved and changed into peptone, as are also chondrin and elastin.

The rennin of the gastric juice causes the casein in milk to clot.

The acid reaction of the gastric juice neutralises the alkalinity of the saliva, and so hinders that of ptyalin. The heat of the stomach melts the fats, and its movements break up the oily fluid into smaller masses, so the general effect of digestion in the stomach is the conversion of the food into chyme. Gastric juice also acts as an antiseptic.

Intestines.—The secretion of Brunner's glands is said to be able to convert proteids into peptones, as that of Luberkuhn's is believed to convert starch into sugar. Most of the fat is absorbed by the lacteals of the intestine, but a small part which is saponified is also absorbed by the blood vessels. The coarser and undigested portions of food are hurried from the small intestine by peristaltic action into the large intestine, where some absorption of such materials as are still in solution takes place, as undigested matters gradually lose their liquid and nutrient parts, and are converted into soft solid masses, which finally are discharged by the rectum and anus as faeces.

The Liver.—The functions of the liver may be classified under the following heads: The secretion of bile and the elaboration of blood;

under this head may be included the glycogenic function.

1. The function of the bile: (a) It assists in emulsifying the fatty portions of the food, and thus rendering them capable of being absorbed by the lacteals; (b) it moistens the mucous membrane of the intestine, thereby facilitating the absorption of fatty matters through it; (c) it has considerable antiseptic power, and serves to prevent the decomposition of food during the time of its sojourn in the intestine; (d) it is considered to act as a natural purgative, by promoting an increased secretion of the intestinal glands and by stimulating the intestines to the propulsion of their contents.

2. Glycogen is formed in the liver from the sugar and proteins which come to it dissolved in the blood-plasma of the portal vein. The liver stores up most glycogen after a meal rich in starch and sugar; but it can make it, though more slowly, from proteids or nitrogenous food.

Stored up in the liver as glycogen much of the sugar absorbed from a meal is intercepted, and prevented from passing too readily into the general blood circulation.

The Pancreas.—The pancreas secretes sparingly a colourless, tasteless, and alkaline fluid, usually for two hours after food. It is the most important of the digestive fluids, and contains three ferments—trypsin, steapsin, amyllopsin.

Its functions: (a) Trypsin has the property of converting proteids into peptones. All the albuminous or proteid substances which have not been converted into peptone and absorbed in the stomach, and the partially changed substances—i.e., the parapeptones—are converted into peptone by the pancreatic juice, and then in part into leucin and tyrosin. (b) Amylopsin converts the starch into glucose. (c) Steapsin emulsifies the fats and oils, and splits them up into the fatty acids and glycerine. (d) Pancreatic juice possesses the property of curdling milk.

The pancreatic juice practically completes the work of digestion left unfinished by the saliva, gastric juice, and bile.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss V. A. E. Snowdon, Miss J. G. Gilchrist, Miss C. G. Cheatley, Miss A. B. Owen, Miss H. Walter, Miss E. J. Shepherd, Miss E. M. Braham, Miss V. R. Dawes, Miss M. A. Bigley, Miss H. Kennedy, and Miss M. Hall.

QUESTION FOR NEXT WEEK.

What are the causes of constipation in an infant during the first ten days of its life? How is the condition treated?

NURSING AND THE WAR.

The King held an Investiture at Buckingham Palace on Saturday, January 15th, when amongst those severally introduced into the presence of the Sovereign and invested with the Insignia of the respective Divisions of the Orders to which they have been admitted were a number of recipients of the Royal Red Cross, principally Principal Matrons, Matrons and Sisters of the Territorial Force Nursing Service, who will be cordially congratulated by their colleagues on their well-deserved honours, and whose names appear in another column.

Our portrait is of Miss M. S. Riddell, the well-known Matron of the Chelsea Hospital for Women, and at present Matron of the Second London General Hospital (T.F.), St. Mark's College, Chelsea, who, on Saturday last, was decorated by the King with the Royal Red Cross. Miss Riddell was trained at St. Bartholomew's Hospital, London, and before being appointed Matron of the Chelsea Hospital for Women, was Assistant Matron at the University College Hospital, London. Miss Riddell regards the recognition conferred upon her as an honour to all the nursing staff of the hospital, as she considers its success largely due to the loyal support and help she has received from those working with her.

We are glad that the War Office has withdrawn its order regarding the restriction of the pay of Poor Law Nurses engaged in Poor Law Institutions, which have been converted into military hospitals. With an extraordinary lack of insight, it insisted that probationer nurses should only be paid at the same rate as they were receiving as poor law probationers; while those introduced from outside, with no previous training, were paid on a higher scale. For the future, the nursing staffs are to be paid on the same scale as that adopted in the ordinary military hospitals.

The doctors and nurses of the Japanese Red

Cross Relief Corps who have been working at Netley Hospital, were present last week at the Hall of the Japan Society. The nurses gave an interesting demonstration of their work, and Dr. Suzuki, the leading medical officer of the corps, gave a lecture on "The Japanese Red Cross," when Colonel Sir Wyndham Murray presided, and the Japanese Ambassador was amongst those present. They left Japan on December 19th, 1914, and arrived in Liverpool on January 22nd, 1915. Dr. Suzuki spoke with gratitude of the reception accorded them, and referred to the "fatherly care and charming smile" of the commandant at Netley. When they arrived they could not speak English, and did not understand British customs; but they had been so well

received and treated that they could not but feel sad at leaving. Their stay, originally arranged for six months, had been extended to twelve.

News has been received in Swansea that Nurse Clement, of Landore, is amongst the British Nurses taken prisoners by the Bulgarians. Another Welsh nurse, who was with Miss Clement, and who was one of those who took part in the great trek, conveyed the news to her parents, together with the consoling information that the nurses are being well treated.

Amongst the passengers on the P. & O. ss. *Persia*, torpedoed without warning in the Mediterranean, were Sister M. J. Molbaut, Sister M. Raulin, Sister C. Adens, and Sister S. Scholer. On enquiry at the company's office we learn that nothing has been heard of these Sisters, and it is feared that they are amongst the lost. They were going out to India as Dutch missionaries, to do nursing work.

We are asked to state that the Hon. Secretary of the Rest Room at Southampton, arranged for Army Nursing Sisters from hospital ships when in port, to which reference was made last week, is Sister Gee Wainwright; and the full address of the room is the White Rose Café, 153, High Street (below Bar). The Treasurer of the Café is the Hon. Mrs. Eliot-Yorke.



MISS M. S. RIDDELL. R.R.C.

£5,000 is being asked for by the "Russian Unit" Fund of the N.U.W.S.S.; and as they may not mention the terrible word "suffrage" in Russia, the hospital will be called the "Women's Union" Hospital. It will deal with maternity and refugee cases. Miss Thurstan and Miss Moberly are already at Petrograd, attending to its organization. The need is great and time precious—so it is to be hoped the response to the appeal will be generous.

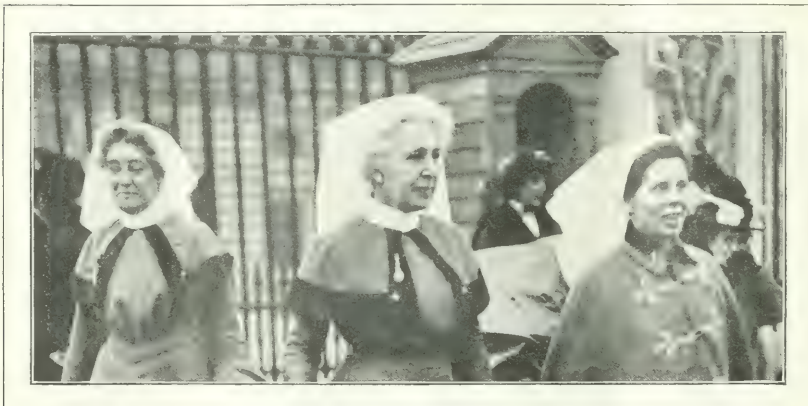
A great number of nurses have flocked across the seas at their own expense, hoping to find War work when once on this side. This is hardly wise, as there are yet a number of trained nurses in England, who are willing for such service, who have never yet been called upon by the authorities. We think, therefore, that the High Commissioner in London for South Africa has done wisely in warning nurses in the S.A. Union (trained or un-

It is supposed that someone took upon himself the task of avenging the heroic nurse.

Dr. Alfred Fried, a German recipient of one of the Nobel Peace Prizes, has raised his voice in defence of Miss Cavell's memory. According to the Paris correspondent of the *Daily Telegraph*, he writes:—

"She was condemned to death and immediately executed for having given Belgians, Frenchmen and Englishmen means of going back to their country. She knew that what she did rendered her liable to the death sentence. Some happy minds may be content with this fact; mine cannot. I deeply deplore a state of mind which deems justifiable such monstrous injustices as the sinking of the *Lusitania* and the execution of Miss Cavell.

"This is not merely because it was a woman whom a bullet put out of existence, for it is ridicu-



RECIPIENTS OF THE ROYAL RED CROSS LEAVING BUCKINGHAM PALACE.

trained), from coming to England on the chance of obtaining employment, and stating that the sum of £50 sent to be used in cases of distress among such nurses, is still intact. This latter is a very important matter, as if nurses from the Dominions overseas fall ill, their position may become precarious, unless they have a reserve to fall back upon. Committees willing sometimes to find them employment have seldom the means, and it is no part of their agreement, to support them when out of work. Trained nurses should realise this when offering their services.

It is stated in the *Echo Belge* that the dangerous spy who denounced Miss Cavell, has been found dead in a house in the Belgian capital. Death had been caused by two revolver bullets in the head.

lous to think that a steel bullet in the heart hurts a woman more than a man. What revolts us is that her life was taken by virtue of an exceptional law. Miss Cavell was a patriot, and if she had belonged to our people and had been tried by our enemies we would honour her as we honour Schill and Andreas Hofer, whose death also was looked upon as justified by law."

It is with much regret that we announce the death of Miss A. Stanley, a member of the Territorial Force Nursing Service, serving with the Mediterranean Expeditionary Force.

Mme. Lahovary, President of the Red Cross Society, Bukarest, has succumbed to exanthematous typhus, contracted while engaged in the relief of Serbian refugees.

HONOURS AND REWARDS.

His Majesty the King has been graciously pleased to approve of the undermentioned Honours and Rewards for distinguished service in the field, and for valuable services in connection with the War.

ROYAL RED CROSS DECORATION. FOR DISTINGUISHED SERVICE IN THE FIELD.

(FIRST CLASS.)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Miss M. M. Blakely (Matron), Miss M. Mark (Matron), Miss E. H. Hordley (Acting Matron), Miss M. M. Tunley (Acting Matron), Miss A. L. Walker (Acting Matron).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Miss I. E. Church, Miss K. E. Luard, Miss E. K. Ward.

TERRITORIAL FORCE NURSING SERVICE.—Miss J. Hills (Matron).

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.—Miss H. A. M. Rait.

AUSTRALIAN NURSING SERVICE.—Miss E. J. Gould (Senior Matron).

CANADIAN NURSING SERVICE.—Miss K. O. McLatchey (Matron), Miss E. B. Ridley (Matron), Miss V. A. Tremaine.

NEW ZEALAND NURSING SERVICE.—Miss B. Nurse (Senior Matron).

(SECOND CLASS.)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Miss E. C. Fox (Act. Matron), Miss E. M. Lyde (Act. Matron), Miss E. J. Minns (Act. Matron), Miss G. H. Caulfield (Act. Sister), Miss M. H. Smyth (Act. Sister), Miss O. V. E. Thompson (Act. Sister).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RES.).—Miss M. M. D. E. Knight, Miss M. J. L. Lyons, Miss M. Plaskett, Miss M. E. Vernon-Harcourt.

TERRITORIAL FORCE NURSING SERVICE.—Miss F. M. Rice, Miss E. D. Smaill, Miss M. Wharton.

CIVIL HOSPITALS (RES.).—Miss A. C. Binnian, St. Bartholomew's; Miss E. J. Evans, King Edward VII Hospital, Cardiff; Miss B. D. Ford, Westminster Hospital; Miss C. M. Hogarth, St. Thomas's; Miss K. Latham, St. Bartholomew's; Miss G. D. McCrae, Cheltenham Gen. Hospital.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.—Miss M. D. Knapp.

BRITISH RED CROSS SOCIETY.—Miss A. de Winton, Miss R. E. Crowley, Miss M. Whitson.

AUSTRALIAN NURSING SERVICE.—Miss M. A. Raye (on duty with Res. of Queen Alexandra's Imp. Mil. Nursing Service).

FOR VALUABLE SERVICES IN CONNECTION WITH THE WAR.

(FIRST CLASS.)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Miss A. L. Cox (Matron), Miss E. A. Cox (Matron), Miss M. L. Rannie (Matron),

Miss M. J. Hepple (Sister, temp. Matron), Miss P. Steele (Sister, temp. Matron), Miss D. M. Taylor (Sister, temp. Matron), Miss M. Walker (Sister, temp. Matron).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Miss C. Elmslie (Matron) Military Isolation Hospital, Aldershot; Miss E. C. O. Leggatt, Miss G. C. Moxon.

TERRITORIAL FORCE NURSING SERVICE.—Miss A. B. Baillie (Principal Matron), 2nd S. General Hospital, Bristol; Miss M. Bird (Principal Matron), 2nd E. General Hospital, Brighton; Miss E. F. C. Brown (Principal Matron), 1st N. General Hospital, Newcastle-on-Tyne; Miss R. Cox-Davies (Principal Matron), 1st London General Hospital; Miss C. Crookenden (Principal Matron), 1st E. General Hospital, Cambridge; Miss E. Edmondson (Principal Matron), 1st Scottish General Hospital, Aberdeen; Miss H. Gregory Smith (Principal Matron), 3rd Scottish General Hospital, Glasgow; Miss E. S. Innes (Principal Matron), 2nd N. General Hospital, Leeds; Miss J. Melrose (Principal Matron), 4th Scottish General Hospital, Glasgow; Miss E. M. Musson (Principal Matron), 1st S. General Hospital, Birmingham; Miss M. E. Ray (Principal Matron), 4th London General Hospital; Miss J. Sheppard (Principal Matron), 4th N. General Hospital, Lincoln; Miss W. C. Smeeton (Principal Matron), 3rd N. General Hospital, Sheffield; Miss M. E. Sparshott (Principal Matron), 2nd W. General Hospital, Manchester; Miss C. E. Vincent (Principal Matron), 5th N. General Hospital, Leicester; Miss A. Watt (Principal Matron), 3rd S. General Hospital, Oxford; Miss E. A. M. Wilson (Principal Matron), 3rd General Hospital, Cardiff; Miss E. Holden (Matron), 3rd London General Hospital; Miss C. A. T. McKay (Matron), 4th S. General Hospital, Plymouth; Miss A. M. Milligan (Matron), 2nd Scottish General Hospital, Edinburgh; Miss H. R. Oates (Matron), 1st W. General Hospital, Liverpool; Miss M. S. Riddell (Matron), 2nd London General Hospital; Miss K. A. Smith (Matron), 5th Southern General Hospital, Southsea.

(SECOND CLASS.)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Miss C. A. Stevens (Staff Nurse, Act. Matron); Miss G. Witter (Staff Nurse, temp. Sister).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Miss M. M. Brown (Act. Matron), Miss E. Fotherill (Sister), Military Isolation Hospital, Aldershot; Miss E. Sturdy (Sister), Military Isolation Hospital, Aldershot; Miss M. L. Ward (Sister), Military Isolation Hospital, Aldershot; Miss I. Cameron, Miss M. Pretymann, Miss L. M. Terrell.

TERRITORIAL FORCE NURSING SERVICE.—Miss M. E. Dickinson (Sister), 1st W. General Hospital Liverpool; Miss A. P. Douglas (Sister), 2nd Scottish General Hospital, Edinburgh; Miss W. M. Flint (Sister), 1st E. General Hospital, Cambridge; Miss C. A. Padbury (Sister), 2nd London General Hospital.

FRENCH FLAG NURSING CORPS.

Miss Mabel Conway-Gordon, Supervisor at the Priory Military Hospital, Port-a-Binson (Marne), who has done most admirable work in France since joining the Corps in November, 1914, has been awarded the "Médailles d'Honneur des Epidémies" by the French Minister for War, for nursing contagious diseases with great success.

Miss M. C. Richard, who is one of the indefatigable members of Miss Conway-Gordon's staff, has been similarly honoured.

We very much approve this form of recognition given to Sisters on active service for nursing dangerous contagious diseases—we trained nurses realise that medical nursing is even more responsible than surgical work.

As the restrictions in connection with travelling on the Continent are now much more formidable

than they were last year, the Committee will be obliged if every member of the Corps, coming to England for a holiday, will call at once at the Head Office in London, 431, Oxford Street, W., and register her name and address in the book kept there for the purpose, so that the Hon. Secretary may be able to communicate with her if necessary, and also make the necessary arrangements for procuring a return ticket at reduced rates. Cablegrams, telegrams and letters have been delivered for Sisters at the office this week, and have been delayed in transit, owing to a failure to leave addresses whilst on holiday.

Now that the F.F.N.C. has got settled into its stride in Paris, Miss Ellison has instituted weekly teas in the pretty 'pink office'—so that many kind people all eager to do something for the sick and wounded may be told of our work and encouraged to take an interest in it. A gentleman actively engaged in Red Cross work in France, and who receives many official reports, said recently, "I hear nothing but good of the French Flag Nurses." That is very encouraging to all concerned.

M. Léon Baylet, who delivered the fine oration at Bordeaux, on the execution of the late Miss Edith Cavell, has paid a visit with his wife and daughter to the Talence Hospital. He was much interested in the work, and has offered to go to the

hospital from time to time, and give the nursing staff little lectures on French authors and the French language, and is to help Miss Gregory to get up French classes for the Sisters, as they are very keen on learning to speak this beautiful language—a knowledge of which will not only make them more useful to their patients, but is of great educational value. To read and appreciate fine French literature is to add a vast pleasure to existence.

We hear that Sister Anstice has transformed Pavilion George V, at the Hôpital Militaire, Malo les Bains—by hard and insistent work—and has made it worthy of its royal title, and that it compares well with an English hospital. Sister Anstice owes much to the generosity of her friends in England who have provided bountifully for the comfort of the patients. The patients are admitted straight from the trenches, often in a very



CHATEAU-THIERRY : LES ALLÉES ET BORDS DE LA MARNE.

deplorable state, and are at once cared for with the utmost skill and devotion. We hear on good authority that this pavilion deserves the encomiums bestowed on it by the Médecin Chef and others. We congratulate Sister Anstice on her well-deserved success.

We deeply regret that, owing to an error, the name of Miss Helen McMurrich, Supervisor of the Canadian Nurses' Unit of the F.F.N.C., was published last week as McMurragh. This lady is so well-known in Canadian and American nursing circles, that the mistake is all the more regrettable, especially as the *B.J.N.* prides itself upon its accuracy in every particular.

When they have time, the Sisters at Chateau-Thierry and Neuchateau no doubt enjoy the charming scenery.

THE CARE OF THE WOUNDED.

The Duchess of Cornwall has accepted the presidency of the Canadian Red Cross Association.

The building and equipment of the Star and Garter home for paralysed soldiers and sailors, at Richmond will be one of the most important tasks of the year, now that the site has been procured through the instrumentality of the Auctioneers' Institute. The British Women's Hospital has undertaken to raise the necessary funds for the building of the permanent home and are appealing to the women of Great Britain for whole-hearted support. Meanwhile the annexe of the old Star and Garter Hotel has been fitted up for temporary use, and the first patients have been admitted.

A number of nurses attended the service at



NEUCHÂTEAU. LE MOUZON VERS LES PROMENADES.

Old Bermondsey Parish Church last Sunday, in aid of the Serbian Red Cross Fund, which was of exceptional interest, as it was attended by persons of many nationalities and diverse branches of the church. Those who formed the procession, and who entered the church, singing "Onward Christian Soldiers," included the Mayor, Aldermen and Councillors of the Borough and the Commandant and wounded officers from King Albert's Hospital, with Father Nicolas (Domestic Chaplain to King Peter). The sermon was preached by the Rector, the Rev. F. H. Gillingham, who has been in Flanders for the last twelve months; and the lesson was read by Father Nicolas. The Serbian National Anthem was sung in place of the "Nunc Dimittis," and the National Anthems of the Allies were played as a Voluntary. A number of Presbyterian soldiers were in the congregation.

Over 100 members of the medical staff of St. Bartholomew's Hospital are serving with the Forces, and during the past year 21 have lost their lives. In memory of those who have fallen a service took place in the hospital chapel of St. Bartholomew the Less, and was largely attended.

We admire nothing more than the marvellous pluck shown by our prisoners in Germany, where they have often been treated in the most inhuman manner, subjected to hunger, thirst, cold, insult, and every discomfort. Still they come up smiling, and the tales they tell upon release fill one with pride. The survivors at Ruhleben Camp showed a pretty wit at the performance of a Christmas pantomime arranged by some of the prisoners. For instance, butter can no longer be procured, and the German military officers who were present at the performance did not conceal their enjoyment of the sarcasm of one of the female characters who, when butter was mentioned on the stage, said, "Oh, I remember where it was put. It

is the butter of the German army."

The presentation of the military medal to a French soldier named Derian recently at the Irish Hospital in France was made the occasion for a touching tribute to the work of the Hospital by Captain Chamber, of the French army.

The soldier, with four others, was at the place of honour in front of their company beyond the barbed

wire, and within a few yards of the German listening post, guarding the French approach works. He was the only survivor, and though severely wounded managed to crawl back to his lines. He was taken to the Irish Hospital, where, thanks to the attention and skill of Dr. Rowlands and the staff, the amputation of his leg which was at first thought to be necessary was avoided, much to his relief.

The members of the Federal House of Representatives at Melbourne have pledged themselves never again to purchase German goods.

If the same vow was taken throughout the City of London in memory of the Zeppelin murders, and destruction of property, it would be the surest way to prevent any such barbarism in the future.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in the Home Hospitals:—

V.A.D. Hosp., Burnham-on-Crouch.—Miss G. Newberry.

Rushmore Hosp., Tollard Royal, Salisbury.—Miss Q. A. Wesolowski.

V.A.D. Hosp., Ashlawn, Rugby.—Miss F. E. Barrer.

V.A.D. Hosp., Brackendale, Norwich.—Miss McGlashen.

County Hosp., Colliton, Dorchester.—Mrs. M. Whittaker.

V.A.D. Hosp., Whitham, Essex.—Miss Grace Evans.

Princess Christian Hosp., Englefield Green, Essex.—Miss N. M. Cameron, Miss A. Gregory, Miss A. Fisher.

Wilderness Hosp., Seal, Sevenoaks.—Miss M. S. Mackay.

Bevan Military Hosp., Sandgate, Kent.—Miss A. Macqueen.

No. 5 Military Hosp., Exeter.—Miss P. M. Greene.

V.A.D. Hosp., Banbury Road, Oxford.—Miss A. E. Andrews.

V.A.D. Hosp., Wicklow Lodge, Melton Mowbray.—Miss E. L. Woods.

Red Cross Hosp., Nolley.—Miss G. E. Tredgett.

V.A.D. Hosp., Hoole Bank, Chester.—Miss A. E. Colburn.

11, Chichester Place, Brighton.—Miss E. L. Purkis.

Roundhay Auxiliary Military Hosp., Leeds.—Mrs. N. M. Pinnell.

V.A.D. Hosp., Mill Dam, South Shields.—Miss E. E. Maskell, Miss F. E. McCormick.

Princess Christian Hosp., South Norwood Hill.—Miss G. Roberts.

King's Western Auxiliary Hosp., Bristol.—Miss A. B. Macdonald.

Red Cross Hosp., Oaklands, Clevedon, Somerset.—Miss W. Petersen.

Felsham Park Hosp., St. Leonard's-on-Sea.—Miss D. E. B. Briscoe.

Military Hosp., Rye, Sussex.—Miss C. McGregor.

Urmstone, Blackwater Road, Eastbourne.—Miss C. M. Smart, Miss J. D. McL. Smith.

St. Mary's Red Cross Hosp., Duxhurst, Reigate.—Miss J. D. L. Norton.

Myrtle Auxiliary Hosp., Liverpool.—Miss Laura E. Tuson.

Minley Military Hosp., Farnborough.—Miss E. L. Grey.

North Staffordshire Inf., Stoke-on-Trent.—Miss E. Keeley.

Cope Hill Hosp., Bourton-on-Water.—Miss L. Blackwell.

Red Cross Hosp., Christchurch, Hants.—Miss L. F. Wood.

Star and Garter Hotel, Richmond.—Miss E. Adams.

Barkham Lodge, Weybridge.—Miss E. A. Bramall.

V.A.D. Hosp., The Grange, Chertsey.—Mrs. G. Miller.

Clandon Park, Guildford.—Miss L. Crawford.

Auxiliary Military Hosp., Baxendon, Accrington.—Miss K. Glover.

Red Cross Hosp., Swansea.—Mrs. C. L. Atkinson.

Kitto Relief Hosp., Parkside, Reigate.—Miss A. Moses.

Southwood Auxiliary Military Hosp.—Miss E. A. L. Jenkins.

Red Cross Hosp., Minchad.—Miss F. M. Robinson.

ABROAD.

Sisters Wilkinson, Bent, Mackintosh and Parminter left last week for France.

On the 22nd inst. Sisters Richardson, McGinnes and Gervine, leave to join the Brigade Hospital.

WEDDING BELLS.

Miss E. E. Young has resigned the position of Matron of Westminster Hospital upon her approaching marriage to Mr. W. Vaux Graham, of 5, Queen Anne's Gate, Vice-Chairman of the Committee of the hospital, and partner of Sir John Wolfe Barry, K.C.B. Miss Young was formerly Assistant Matron at Westminster, and was promoted to be Matron in 1913. She is very popular, and will be sincerely regretted by the nursing staff and her fellow workers. She should have a very bright and happy future.

PRESENTATIONS.

On leaving to take up the position of Matron of St. Johnston Hospital for the troops at North Berwick, Mrs. Bell, who has been Matron of the Irvine Memorial Nursing Home for the past 13 years, was presented with a handsome gold wristlet watch by the President, Lady Helen Stewart Murray, from the Committee and doctors, "in token of goodwill and in appreciation of her services." Miss Courtier-Dutton, Edinburgh, at present Matron of Fonab Auxiliary Hospital, has been appointed to the vacancy, and will take up duty on the 28th inst.

An interesting event took place recently at Aymestrey, when Nurse Reeves who has been district nurse, was presented with an autograph album and a purse containing £5 10s., subscribed by the inhabitants of Aymestrey, Wigmore and Leintall Earles, in appreciation of her valued services during the three years she has been district nurse.

RESIGNATION.

The North Lonsdale Hospital has recently sustained a great loss by the resignation of its Matron, Miss Summers—a most able woman who has served the sick at Barrow most devotedly. This lady, however, is not alone in her leave-taking, as we believe there have been other retirements. Sisters Richardson, Craig, Christensen, and Dunn, and Nurse Cartledge have all left. It will be difficult to supply this skilled staff in war time.

THE NURSING PROFESSION AND THE BOARD OF TRADE.

As one of the few persons in the United Kingdom who have from the start in 1887 to the present day taken an active personal part in the demand for the organisation of the Nursing Profession, with some degree of self-government, the present appears an opportune moment for us to place briefly before the Nursing Profession, and the public, its relations with the Board of Trade. We say an opportune moment because, for the third time, in a quarter of a century, a group of persons propose to apply to the Board of Trade for incorporation without the word "Limited," so that they may have power to organise the Nursing Profession.

The first application was made by the Royal British Nurses Association in the year 1891, the second in 1905 by seven wealthy financiers, terming themselves "The Society for promoting the Higher Education and Training of Nurses." On both occasions the application was opposed, and refused by the then Presidents of the Board of Trade, so that it may be advisable to review briefly the printed records of these two applications for incorporation, especially when, in the case of the Royal British Nurses Association we find, after a quarter of a century its opponents now demanding the privileges they so strenuously opposed when asked for by the nurses themselves.

It may be explained that any seven persons can, under the Companies Act—by signing certain documents and depositing these, together with the payment of certain fees at Somerset House—form themselves into a corporate body and obtain all the rights and privileges of incorporation formerly bestowed by separate Acts of Parliament, or by Royal Charters. But the condition binding upon such companies is, that they shall add the word "Limited" to their name, so that all may know that the liability of their individual members is strictly limited in amount. A special clause of one of the Acts, however, provides that, in the case of societies formed for purposes other than trading, and which do not divide profits or dividends amongst their members, the Board of Trade may, by license, permit the omission of this word "Limited."

Personally, we never desired to see the Nursing Profession acquire legal powers by this humble measure of incorporation. We approved its organization under a Royal Charter, which bestowed greater prestige, until such time as it was sufficiently strong to be entrusted with a full measure of legal status through Act of Parliament, and we claim that legal status is long overdue.

THE APPLICATION OF THE ROYAL BRITISH NURSES' ASSOCIATION.

It will be remembered that the British Nurses' Association was formed upon our proposal in December, 1887 (1) to unite all qualified British Nurses in membership of a recognised profession, (2) to provide for their registration, and (3) to

associate them for their mutual help and protection, and for the advancement in every way of their professional work.

It would have been thought that objects so justifiable would have received the generous support of the governors and Matrons of all Nurse-Training Schools. History however has proved such an anticipation to be entirely fallacious, and from the day that trained nurses attempted to associate themselves together in a professional association in this country, the most determined opposition was evinced by the lay governors of certain large London Hospitals, notably St. Thomas's, Westminster, and the London Hospitals.

We have not space to report this fight between the employers and the workers in detail. For those who have the time to study it, the whole history appears in the reports in *The Nurses' Journal* of the Royal British Nurses' Association, *The Nursing Record*, and, for the opposers, in *The Hospital*, controlled by Sir Henry Burdett.

This opposition on the part of the lay managers of Training Schools has now resounded throughout the world, and we have no hesitation in saying that wherever self-respecting nurses are organised it has been condemned as one of the most cruel examples of intolerance upon the part of men towards a conscientious endeavour of working women to organise their educational and economic conditions, not only for their own benefit, but for the protection of the public.

The nurses in our Dominions beyond the Seas, in the United States of America, and elsewhere throughout the world where they have already attained legal status by Act of Parliament, have watched the struggle of trained nurses in the United Kingdom for similar privileges, not only with intense sympathy but with expressions of indignation. But to return to the Board of Trade.

We propose this week to review the application of the Royal British Nurses' Association. Founded in 1887 this Association was joined by nearly 3,000 nurses in a very short time, by 1891 it had given evidence of great usefulness, and in order to receive and administer Trust Funds it applied to the Board of Trade to be incorporated without the word "Limited."

To quote from *The Nurses' Journal*, from the proceedings of a special Council Meeting, held on Thursday, April 16th, 1891, Sir William Savory in the chair, at the request of H.R.H. Princess Christian. Dr. Bedford Fenwick is there reported to have said that it had been thought well that a brief statement should be made as to the position of affairs which had caused the meeting to be convened. From the first days of its existence, the Association had been strongly opposed. In print its members had been termed "the scum of the nursing profession"; they had been described as "women who took refuge in the Association to obtain pseudo-respectability, because they could not obtain it elsewhere" (*The Hospital*).

In private, nurses who desired to join the Association had been intimidated from doing so, while others who had joined had been compelled to

resign their membership. This the Association had patiently endured, but it had now become imperative that some decided step should be taken to enable it legally to receive and administer Trust Funds, as the Committee of such a Fund had expressed a wish to amalgamate with the Association. Those who had from the first opposed the Association, left no stone unturned to prevent the transfer to it of that Fund, first by attempting to discredit its officials, and now by opposing its incorporation.

He did not suppose that all who had taken a prominent part in this opposition had been made acquainted with the manner in which the Association had been opposed, nor with the true explanations of that opposition, nor with the reasons why it desired to be incorporated; but he thought it would have been more just and fair if these gentlemen before publicly opposing a union of working women, had first sought for some information of its side of the case.

Sir James Crichton Browne, at the same meeting, said that he had learnt that a meeting had been held at St. Thomas' Hospital, and found to his astonishment that it was called by the Treasurer of that institution for the purpose of passing resolutions adverse to the Association. One resolution, indeed, proposed the establishment of a Committee of Observation, to keep a sharp eye on the Association's wicked proceedings. But these proceedings were only part of the antagonism which had pursued the Association for a long time, and was evinced with greater strength than usual, because of its application to the Board of Trade to sanction its incorporation. The whole position, said Sir James Crichton Browne, might be summed up in a nut shell.

"Is nursing to be a free profession in this country, or is it to consist of a little series of close corporations in the shape of the Training Schools?"

Sir James Crichton Browne further drew attention to an objection advanced by the authorities of Guy's Hospital, that "any effort to test the candidates for registration must necessarily lead to discord, and injure the work of the Training Schools."

Sir James then proposed a resolution affirming the fact that the R.B.N.A. fulfilled the conditions required for incorporation under the 23rd Section of the Companies Act, which permits an Association formed for the purpose of promoting . . . charity, or any other useful object, to be registered with limited liability, without the addition of the word "Limited" to its name, and that the Association was entitled to be incorporated under this section.

The Resolution concluded:—

"And seeing that the authorities of Nurse Training Schools possess no control over nurses who are not in their service, this meeting fails to comprehend by what right a few representatives of these schools attempt to interfere with free subjects of Her Majesty the Queen, who may choose to enrol their names upon a Register of any description."

Mr. Brudenell Carter, in seconding the Resolution, said that the opposition to the movement came from a very tainted source, because, while the efforts of the Royal British Nurses' Association had been, and would be to the end, addressed to raise the status, to improve the education, and to increase the earnings of nurses, and to combine them for the mutual protection and support which members of the professions carried on by men had always found it necessary to secure for themselves, it was notorious that the Nurse Training Schools had never been conducted in the interests of nurses, but on a basis of totally different motives. It could not be said that the Training Schools had done anything for nurses beyond teaching them, and objections proceeding from these schools would be regarded with extreme scepticism by nurses and by the public.

Mrs. Bedford Fenwick, supporting the resolution, which was carried unanimously, said that her experience as Matron of one of the largest Nurse Training Schools in the Kingdom, enabled her to affirm that the assertion of the opponents that hospital authorities had any sort of control over their departed employees was merely a preposterous assumption.

The Association, in accordance with custom, submitted its rules and proposed objects to the Board of Trade, and was directed to advertise the fact of its application for a license, and that until May 16th (1891) the Board would receive any notice of opposition to the application. Ten days before this period had expired the Association received a letter from the Board declining to permit it to omit the word "Limited" as desired, on the ground that considerable opposition to the Association had been expressed by influential persons. No information was afforded the Association as to the charges brought against it, nor the slightest opportunity afforded it of explaining its own case. It was simply condemned unheard on one-sided, unsubstantiated statements, although according to the Act of Parliament, and the terms in which it is framed, the Association was in every way entitled to receive the powers for which it made application.

After a conference and correspondence which extended over the next six months the President of the Board of Trade was led to suggest that the Association should apply to the Privy Council for an Enquiry with a view to obtaining the powers it desired; the Association accepted the suggestion and decided in February, 1892, to petition for the grant of a Royal Charter.

In the following month therefore a formal Petition was presented to Her Majesty the Queen in Council praying for the grant of a Royal Charter. The Association prepared and issued to its members a form of petition to the Privy Council and at the same time issued a circular to those who had opposed its application to the Board of Trade pointing out in parallel columns the chief statements which had been made against the Association and its replies thereto.

The Petition for the Royal Charter and the

report of the historic fight before the Privy Council between the Royal British Nurses' Association and its opponents, organised principally by St. Thomas's, the London, Westminster, and Guy's Hospitals (with the exception of the Matron in the last instance) should be studied at length by every nurse who takes an interest in her profession, and desires to safeguard its interests, and her own professional independence.

An accurate report appears of these proceedings in "The Victory of the Nurses—How the Battle of the Charter was Fought and Won," which was issued by the Record Press, Ltd., in 1893.

OPPOSITION AND OBJECTIONS.

The following were the objections advanced by the Committees of certain London hospitals and others, amongst them, St. Thomas's, Guy's, Westminster, the London, &c., to the Incorporation of the Royal British Nurses' Association by the Board of Trade without the word "Limited."

OBJECTIONS.

1. "That a self-appointed Association, such as the British Nurses' Association, is not a fitting or competent authority to determine, in the interest either of the Nursing Profession or of the general public, who should be put on the Register or who shall be excluded from it."

2. "That no written or oral examination of Nurses in the technical details of their duties can possibly lead to any approximate estimate of their real fitness and competence as Nurses, and least of all an examination conducted apart from Hospitals, and by persons not specially qualified, for a Nurse's qualifications depend mainly on practical experience, or natural gifts and moral qualities, which a mere examination, however well conducted, can never adequately test."

3. "That the effect of the proposed Register of Nurses, by granting certificates of competency professing to be authoritative while being necessarily imperfect and untrustworthy, would be to mislead instead of guiding both the public and medical practitioners, and to lower the standard of Nursing by placing numbers of insufficiently trained and inferior Nurses on the same level as their highly-trained and thoroughly competent sisters."

4. "That the authorities of the Nurse-training Schools are alone in a position, from their experience and special knowledge, and from their intimate acquaintance with the individual Nurses who have been trained under their care, to certify who are fit and properly trained Nurses, and that the certificates of efficiency given by them are sufficient, and are infinitely more valuable and trustworthy than any certificates otherwise acquired could possibly be."

5. "That no Association, having for its object to test and guarantee by certificate the educational and other qualifications of its members has ever yet had accorded to it such powers and privileges as the British Nurses' Association aims at acquiring until it has been shown by actual results that its

action has been beneficial to the public and to the body it purports to represent, and that it has the support of the leading members as well as of the large majority of the rank and file of that body. The large Nurse-training Schools of Great Britain including the Nightingale School, to whose labours the vast improvement which has of late years taken place in the education and status of Nurses is wholly attributable, are, almost without exception, unrepresented in the British Nurses' Association, and are opposed to its Registration Scheme."

THE CIRCULAR LETTER.

We gather from the Circular Letter issued by the Hon. Arthur Stanley, that "his advisers," known to be the managers and matrons of the group of London Hospitals, who in 1891 issued the above "Objections," are now about to seek powers from the Board of Trade to enforce regulations for the organization of nursing, which they at that time urged were useless and unnecessary. Next week, we shall discuss the Petition to the Board of Trade for powers to absolutely control the Nursing Profession by seven financiers, upon the suggestion of Miss Swift, the then Matron of Guy's Hospital, who is taking a very active part in advocating the new suggestion, that the Nursing Profession shall be governed by the anti-registration Managers of certain large Nurse Training Schools.

ETHEL G. FENWICK.

THE WAR THAT NEVER ENDS.

If at last the sword is sheathed,
And men, exhausted, call it peace,
Old Nature wears no olive wreath,
The weapons change—war does not cease.

The little struggling blades of grass
That lift their heads and will not die,
The vines that climb where sunbeams pass,
And fight their way toward the sky!

And every soul that God has made,
Who from despair their lives defend
And, struggling upward through the shade,
Break every bond that will not bend,
These are the soldiers, unafraid
Of the great war that has no end.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

The Central Committee for the State Registration of Nurses met in the Council Chamber of the British Medical Association, 429, Strand, W.C., on Saturday, January 15th, to consider the Circular Letter issued by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee, proposing to organise the Nursing Profession.

The meeting was well attended by delegates from the affiliated societies. The proceedings were private, but it is permissible to mention that duties were deputed to the Executive Committee which will shortly meet to carry out its instructions.

STATE REGISTRATION TO BE DEFENDED.

Members of the Society for the State Registration of Trained Nurses are requested to note that subscriptions for the current year (rs.) were due on January 1st, 1916. The President hopes the members will send them at an early date, and she will be grateful for subscriptions from friends, as she fears nurses will again be called upon to finance work to defend the few privileges they possess.

The President of the Society acknowledges with thanks the following donations: Miss A. E. Hulme, £1 rs.; Miss Beatrice Kent, £1; Mrs. Strong, 13s. 6d.; Miss Daisy Ashley (Alexandria), 9s.; Mrs. Maxwell St. John R.R.C. (Paris), 5s.; Miss E. L. C. Eden, 5s.; Miss Sylvia Parker, 5s.; Miss Mary Brockie, 5s.; Miss Evelyn Thompson, 3s.; Anon., 2s. 6d.; Hon. A. Brodrick, 2s.; Miss E. M. Dickson, 1s.

THE HEALER OF MAPANZA'S.

Miss Gladys Salisbury, of the Universities Mission, writing from Mapanza, N. Rhodesia, gives an interesting account in *Central Africa* of an exciting district call to attend a patient who was thought to have broken his leg. He had been felling a tree and his axe had slipped and come down on his leg and the wound was bleeding badly.

Miss Salisbury writes:—

"When I saw the two men who had brought in the message I did wish I could take a photograph of them to send home to you.

They had blue loin cloths round their waists, and draped across their shoulders what looked like English kitchen tablecloths—red grounds with a white pattern woven in and out all over. Half-way up their legs and arms were bracelets, seemingly of gold and ivory, but really, I believe, they were only brass and ivoride. They had steel combs and brass buttons in their hair, and they carried a prodigious number of spears and assegais in their hands, which made them look distinctly warlike. I suppose they were got up like that in honour of their visit to the station.

"After hastily putting together a few things, such as splints, wool, lotions, &c., we started for the village of Mapanza. I could not help laughing when I looked in front and then behind, and saw the long procession going to the relief of the broken leg! In front walked the two warlike messengers, then I came, and behind me were two Mission boys, one to carry all my implements and the other to act as interpreter. Of course, I carried the proverbial white umbrella, and even then it was a very hot walk.

"Long before we were in sight of the village we could hear the drum being beaten—a sign that there is illness in a village. Mapanza is quite a big kraal, fenced in with a branch and reed fence,

with a small opening by way of door, through which one can only just squeeze. The huts are all round, immediately inside the fence, and the centre of the kraal is given up to the cattle. My patient's hut was close to the gateway, and he was stretched out on the floor, looking very disconsolate. There was no furniture of any sort in the hut, a wood fire was burning in the middle filling the hut with smoke, and sitting, or rather squatting right up against it, was the patient's wife, smoking a prodigiously long carved pipe, and holding a little piccanin in her arms. The baby was resplendent in brass anklets and bracelets, with beads round his neck and waist; the mother had just a skin fastened round her waist, and ornaments of ivoride. There was a skin on the floor, and against the wall six gourds containing water.

I mixed my lotions and laid out my stores on the floor after I had inspected the leg. It certainly was not broken, but there was a deep gash, exposing the bone, and the wound was bleeding profusely. To my dismay, I found the wound had been filled up to the very top with mud, so a great deal had to be done in the way of cleansing the leg and wound before I could get to business. After I had stitched up the wound, and bound up the leg, so that the good man could not possibly take off the dressing to re-apply the mud, I happened to glance through the door, and to my surprise I found the doorway was blocked with the most eager faces. There must have been between thirty and forty persons gathered outside that hut, interested spectators of what had gone on inside.

"I went to see my patient five times after that, and I am thankful to say there were no complications, not even tetanus, which is very prevalent here. The stitches came out on the fifth day, and the wound healed up nicely. After my last visit, when I saw the leg was doing well, I rather forgot the case in the interest and anxiety of new cases—but I was reminded of it again only just a day or two ago. I was at another village attending to a man who had run a fish spear right through his foot. I was hurting him badly, and at last he could bear no more. He dragged at his foot to get it away, and tried to catch my hands, when suddenly a man in the audience began talking to him, and my interpreter afterwards told me that the man was telling my patient of the wonderful cure of the Mapanza man—he called me the 'healer of Mapanza's.' Anyhow, the man said *Nda rumba*, which means 'thank you,' quite affably to me and let me go on with my work. I was very surprised at the turn events had taken. I wish I could tell you about the dear little children who come to the Dispensary as out-patients, but already this is quite a long letter, and I have not time for more."

During the past week Miss E. C. E. Lückes, Matron of the London Hospital, has been reported as very seriously ill.

SOCIAL SERVICE.

"THE HOUSE ON HENRY STREET."

"The House on Henry Street," by Miss Lillian D. Wald, is a book with which every nurse should become acquainted without loss of time. Certainly it should be in every nurse's library, for it is a classic which must always be referred to when nurses—may they be many—desire to work on lines similar to those which have proved so successful in the case of "The House on Henry Street," better known as The Nurses' Settlement, New York. Miss Wald tells simply and charmingly the story of the development of the work now centred in the House, from small and informal beginnings to its present position as a centre of multifarious activities, and a forceful influence as

"I had spent two years in a New York Training School for Nurses—strenuous years for an undisciplined, untrained girl, but a wonderful human experience. After graduation I supplemented the theoretical instruction, which was casual and inconsequential in the hospital classes twenty-five years ago, by a period of study at a medical college. It was while at the college that a great opportunity came to me."

From the room where she had delivered a lecture on home nursing at a technical school in Henry Street, now part of the Settlement, a little girl led her to the bedside of her mother with her newly-born infant. Over broken roadways, past odorous fish stands, and evil-smelling uncovered garbage cans, and up the slimy steps of a rear tenement, Miss Wald passed into the sick room. "All the maladjustments of our social and



LILLIAN D. WALD.



MARY M. BREWSTER.

In 1893.

a social factor in New York. The dedication is fittingly inscribed "To the comrades who have built the House," for many hands, some of them those of the most brilliant members of our profession—notably, Miss L. L. Dock—have helped in the building.

Many nurses know something of the circumstances which led Miss Wald over two decades ago to throw in her lot with the people of the East Side of New York, and to found an organisation which has demonstrated to the world the exceeding value of such a Settlement as she has evolved. Let her tell it in her own words.

A sick woman in a squalid rear tenement, so wretched and pitiful that in all the years since I have not seen anything more appealing, determined me, within half an hour, to live on the East Side.

economic relations," she writes, "seemed epitomised in this brief journey and what was found at the end of it. The family to which the child led me was neither criminal nor vicious, although the family of seven shared their two rooms with boarders—who were literally boarders, since a piece of timber was placed over the floor for them to sleep on—and although the sick woman lay on a wretched, unclean bed, soiled with a hæmorrhage two days old, they were not degraded human beings, judged by any measure of moral values. . . .

"It would have been some solace if by any conviction of the moral unworthiness of the family I could have defended myself as part of a society which permitted such conditions to exist. Indeed, my subsequent acquaintance with them revealed the fact that, miserable as their state was, they were not without ideals for the family life, and for society, of which they were so unloved and unlovely a part.

* Henry Holt and Company, New York.

"That morning's experience was a baptism of fire. Deserted were the laboratory and the academic work of the college. I never returned to them. On my way from the sick room to my comfortable student quarters my mind was intent on my own responsibility. To my inexperience it seemed certain that conditions such as these were allowed because people did not *know*, and for me there was a challenge to know and tell. When early morning found me still awake my brave conviction remained that if people knew things—and 'things' meant everything implied in the condition of this family—such horrors would cease to exist, and I rejoiced that I had had a training in the care of the sick that in itself would give me an organic relationship to the neighbourhood in which this awakening had come."

Within a day or two Miss Wald and Miss Mary Brewster, a comrade from the training school, had settled on their plan of action. "We were to live in the neighbourhood as nurses, identify ourselves with it socially, and, in brief, contribute to it our citizenship. That plan contained in embryo all the extended and diversified social interests of our Settlement group to-day."

Under the guidance of two men well acquainted with the district they started out to scour the streets for "To let" signs. One which seemed to Miss Wald worth investigating was discarded by her two newly-acquired friends with the explanation that it was in the "red light" district, and would not do. The term then meant nothing to her, though later she was to know much of the unfortunate women who inhabit the quarter. Ultimately they took possession of a top floor of

a house in Jefferson Street in September, 1893, which possessed the rare advantage of a bath tub. It was sunny and bright, and the janitress in the basement a treasure. Naturally the objections of friends as to two young women living alone in New York under these conditions had to be met. Miss Wald goes on to say: "Any pride in the sacrifice of material comfort which might have risen within us was effectually inhibited by the

constant reminder that we two young persons occupied exactly the same space as the large families on every floor below us, and to one of our basement friends at least we were luxurious beyond the dreams of ordinary folk."

A little lad from the basement, the first invited guest, who shared a simple, but appetising dinner cooked by Miss Brewster, while Miss Wald set the table, rushed down to his mother with bulging eyes and reported, "them ladies live like the Queen of England, and eat off solid gold plates."

Once the friends were established in their tenement flat, work for the public welfare came to them, through contact with their poorer neighbours, easily and naturally, and, from small beginnings, have arisen the many branches of social work now associated with the Henry Street Settlement, to which

a move was made in 1895. The consideration of the poor for their dead is illustrated by the story of Mrs. McRae, who, when her roving husband died, placed on the casket his tobacco and pipe, and ordered the procession to pass his tenement home twice before driving to the cemetery, "So he'd not think we were not for forgivin' him, and hurryin' him away."

Still more pathetic is the story of the mother,



ESTHER.

one of whose children, in a time of great privation, had died and been buried in the garden. "Three times that year did Mrs. G— painfully gather together enough money to have the baby disinterred, and fittingly buried in consecrated ground, and each time she gave up her heart's desire in order to relieve the sufferings of the living children of her neighbours."

Nor can we pass over an illustration of the way in which, that winter, "the fangs of the wolf were often decorously hidden." One Sabbath eve, Miss Wald relates, she entered the tenement occupied by the family of a man out searching for work. "Over a brisk fire, fed by bits of wood picked up by the children, two covered pots were set, as if a supper were being prepared. But under the lids it was only water that bubbled. The proud mother could not bear to expose her poverty to the gossip of her neighbours."

Miss Wald says, "I should like to make it clear that from the beginning we were profoundly moved by the wretched industrial conditions which were constantly forced upon us." In succeeding chapters she tells of the "constructive programmes that the people themselves have evolved out of their own hard lives, of the ameliorative measures ripened out of sympathetic comprehension, and, finally, of the social legislation that expresses the new compunction of the community." Of these comes first the nursing service planned on terms most considerate of the dignity and independence of the patients; most useful in saving hospital space, and also because many people, particularly women, cannot leave their homes without imperilling, or sometimes destroying, the home itself. It has further been proved that certain complications such as cross infections amongst children, are obviated by keeping them at home, while in 3,535 cases of pneumonia cared for by the Henry Street staff, the mortality was 8.05 per cent., compared with 31.2 per cent. of four large New York hospitals.

Soon the visiting nurses established relations with civic authority, and the President of the Board of Health sanctioned their wearing a badge engraved "Visiting Nurse, under the auspices of the Board of Health." Thus, in this and other ways the work begun from the top floor of the tenement "developed into the many highly specialised branches of public health nursing covering the United States and engaging thousands of nurses," notably, School Nursing, a branch of work the beneficence of which is inestimable. Out of this innovation New York's City Bureau of Child Hygiene has grown, an anti-tuberculosis campaign, work for the prevention of infant mortality, and much besides. In short, "the nurse is being socialised, made part of a community plan for the communal health." A striking instance of this is her employment in the nursing of industrial policy-holders of insurance companies.

In a cosmopolitan neighbourhood, teeming with children, it is only to be expected that the sympathies of the members of the Nurses' Settlement should go out to them, or that much of the book

should be devoted to them. "They are irresistible. The multitude passes: swinging walk, lagging step; smiling, serious—just little children, forever appealing." So the nurses are their guides, philosophers and friends, with the result that we have chapters on Children and Play, Education and the Child, the Handicapped Child, Children who Work, the Nation's Children, Organisation Within the Settlement, and Youth. Would that we could quote at length from them. Two things must be mentioned: (1) The art classes given to students who show inclination or ability, the effort being made "not to bring out conventional imitative work, but the power to see and portray honestly the things about us." "The House on Henry Street," is illustrated by one who found his art expression there, (2) The Neighbourhood Playhouse, opened in February, 1915, which is the outcome of the festival and dramatic group of the Settlement. It is evident that Esther, whose picture is here reproduced, was intended by nature to have an airy, fairy time.

(To be concluded.)

APPOINTMENTS.

MATRON.

Westminster Hospital, London.—Miss S. Young, the Assistant Matron, has been appointed Matron upon the resignation of Miss E. E. Young.

New Somerset Hospital, Cape Town.—Miss H. G. Liell has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, where she was promoted to be Sister. In March, 1915, she was appointed Matron of the Frere Hospital, East London, South Africa; and we congratulate her upon her speedy promotion to her present responsible position. Miss Liell is President of the Border Branch of the South African Trained Nurses' Association—in which we are glad to note she has taken a great interest since her arrival in South Africa.

The Isolation Hospital, Cheadle, Staffs.—Miss Lucy Cotton has been appointed Matron. She was trained at the Highfield Infirmary, Liverpool, and also had fever training at the Florence Nightingale Hospital, Bury. She has held the post of Charge Nurse at the Infirmary, Scarborough, and of Senior Sister at the Derby Isolation Hospital.

Mold Hospital, Flint.—Miss N. Jenkins has been appointed Matron. She has recently been Matron of the District Nursing Home, Smethwick.

ASSISTANT MATRON.

Royal Victoria Infirmary, Newcastle-on-Tyne.—Miss Flora J. Jones has been appointed Assistant Matron. She was trained in fever work at the Brook Fever Hospital, and received her general training at the Royal Infirmary, Preston, where she subsequently held the position of Theatre Sister. She has also been Night Sister at the Princess Alice Hospital, Eastbourne, and the Royal Infirmary, Preston, Sister at the Plaistow

Fever Hospital, and Senior Sister, and Deputy Matron, at the General Hospital, Bury St. Edmund's, Housekeeping Pupil, and Assistant Matron on Holiday duty at the Royal Victoria Infirmary, and Superintendent Sister at Queen Mary's Hospital for Children, Carshalton, since November, 1914.

SISTER.

North Devon Infirmary, Barnstaple.—Miss Merchant has been appointed Sister. She was trained in the same institution.

Kensington Infirmary, Marloes Road, Kensington.—Miss Muriel Morton has been appointed Sister. She was trained at the Paddington Infirmary in General Nursing, and in midwifery at the Kensington Infirmary.

Miss Mary Powell has also been appointed Sister. She was trained at the Kensington Infirmary.

SUPERINTENDENT NURSE.

Workhouse Infirmary, Oulton.—Miss D. Burden, has been appointed Superintendent Nurse. She was trained at the West Ham Infirmary, where she subsequently held the position of Sister, and has been Head Nurse at the Union Infirmary, Wells, Somerset.

HEALTH VISITOR.

Urban District Council, Padiham.—Miss E. Dixon has been appointed Health Visitor. She was trained at the Royal Southern Hospital, Liverpool, and has held the position of School Nurse at Brighton, and of County Superintendent and Inspector of Midwives in Hampshire and Norfolk. She is a certified midwife, a certificated Sanitary Inspector, and a certificated Masseuse (I. S. T. M.).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Promotion from Matron to Principal Matron.—Miss A. B. Smith, R.R.C.

QUEEN VICTORIA JUBILEE INSTITUTE.

Mrs. Florence G. Pond is appointed to Sussex as School Nurse and Assistant Superintendent.

Mrs. Pond received General Training at the Royal Berkshire Hospital, Reading, and District Training at Camberwell. She has since held several appointments under the Institute.

Miss Mary F. Chartres is appointed to Moulton Paddocks, Miss Ellen Coen to Manchester (Salford), Miss Lily M. Tatton to Cheltenham, Miss Emily Whatham to Hackney, as School Clinic Nurse.

NATIONAL UNION OF TRAINED NURSES.

The following appointments have been made through the N.U.T.N.:—

Urgency Cases Hospital, Revigny, France.—Miss M. Eagle and Miss Ida Peile, Sisters.

Cirencester Red Cross Hospital.—Mrs. Vann, Sister.

Exeter V.A.D. Hospital.—Miss P. Greene, Staff Nurse.

Harrow Red Cross Auxiliary Hospital.—Miss H. Vincent, Staff Nurse.

Private Case.—Mrs. Edgell.

NURSING ECHOES.

The Council of Queen Victoria's Jubilee Institute for Nurses met at the offices of the Institute, 58, Victoria Street, on Wednesday, January 12th, Sir George Franklin in the chair. Questions concerning the conditions under which Queen's nurses are employed and difficulties created by the war were under consideration.

At a recent meeting of the Abernethian Society, held in the Medical School at St. Bartholomew's Hospital, Mr. McAdam Eccles made confession that formerly he had been opposed to the State Registration of Nurses, but he had become convinced of its necessity since the war. This statement was received with resounding applause from the large number of Bart's nurses present, who were thus enabled to give expression to their convictions with no uncertain sound. Let us hope that the "London" trained Matron will withdraw her name from Lord Knutsford's anti-registration manifesto; it is at least impolitic, if not unjustifiable, for a Matron to oppose the demand of her trained staff for legal status and State protection. We recently heard it asserted at a meeting that "Bart's" nurses were now opposed to State Registration, because their Matron had signed against it. We contest the right of any one official to pledge the whole nursing staff against their individual judgment—and, indeed, upwards of 800 nurses trained at St. Bartholomew's Hospital are solid for legal status and organization by the State. In their opinion the question of the organization of the Nursing Profession can only be satisfactorily effected by such means. Voluntary measures have been tried and failed, even under Royal patronage and high professional auspices.

Members of the Trained Women Nurses' Friendly Society are asked to note that no letter must be enclosed in the envelope with their card when returned to their Society, nor must the envelope be sealed down, as otherwise the postage is 2d. instead of $\frac{1}{4}$ d., and excess is charged when the packet is delivered.

It is a very satisfactory result of the appeal of the Mayors of Brighton and Hove for help to maintain the work of the Queen's Nurses, on which there was a deficit of £700, that £1,000 should have been received from Mrs. Stephen Ralli for the reopening and upkeep of the Hove Branch in Blatchington Road, and

£880 from the public for the general fund. The Mayors, in a joint letter to the press, say:—"From the letters we have received, and from the fact of the large number of small donations, it is evident that the work of the Queen's Nurses is widely understood and highly valued."

The Hove Home was reopened on New Year's Day.

At a meeting of the Committee of Management of the Londonderry City and County Infirmary on January 12th, a mechanical bedstead was presented to the institution by the trained nurses of the city in memory of Miss Edith Cavell. The presentation was made by Mrs. D. Stevenson, Hon. Secretary of the movement, who asked the Governors to accept the bedstead in memory of Nurse Edith Cavell from the trained nurses, whom she enumerated, to commemorate her noble work and heroic death during the European War, 1915, and on their behalf expressed the hope that it might be a great help to the sufferers in the infirmary, as well as a lasting memorial of the deep gratitude to God of the donors for endowing their noble profession with so brave a woman, who gave her life for her King and country. She further said that the trained nurses of the city had joined in the project with whole-hearted eagerness and unanimity.

The memorial is a splendid "Surcar" adjustable bedstead, and in design and construction it embodies all that medical science can suggest for the comfort and treatment of the patient. A brass tablet at the foot of the bedstead bears the following inscription:—"Nurse Edith Cavell memorial. Presented by the trained nurses of Derry to commemorate her noble work and heroic death during the European War. September, 1915."

The committee of the Edith Cavell Irish memorial have decided to endow a bed in the Royal City of Dublin Hospital, in commemoration of that noble and self-sacrificing woman.

The Scottish Memorial to Edith Cavell will take the form of a bed in the Scottish Women's Hospital at Royaumont, France. Greenock's Memorial Day, by sale of flags and postcards, realised £370. Mrs. Cavell has written to Miss Etta Shankland to express gratification at the result, and adds, "I pray God to abundantly bless all those who have contributed to such a splendid result. Very much is being done all over Britain, and in many foreign towns, as a memorial to my dearly loved child."

SOME HOSPITALS I HAVE SEEN.

(Continued from p. 77)

THE ROYAL VICTORIA HOSPITAL, MONTREAL.

"We named that mountain Mount Royal."

In the derivation of names, names of places, we usually find history briefly epitomized, and to dig down to the source is, for those who have the time and taste, a most interesting mental occupation. When Jacques Cartier, the French explorer (and the first European to do it) sailed up the St. Lawrence in 1535, he discovered a populous Indian village on an island, called by the natives Hochelaga. He speaks of it as "near and adjoining a mountain . . . we named that mountain Mount Royal." That Indian village is a mere mirage of history now, but on the site of it, and far beyond it, we have the commercial capital of Canada, the great and beautiful city of Montreal, with its very obvious derivation, which embodies the history of its foundation. As mountains do not disappear in the march of progress, that majestic mountain remains and dominates the city. A fine carriage drive winds from base to summit, and by the kindness and hospitality of Miss Phillips, Superintendent of the Montreal Foundling and Baby Hospital, we enjoyed that beautiful drive on a beautiful day and had a fine view of the city.

During our short stay in Montreal we were unable to see *all* the hospitals, and other fine buildings, but two of the most important hospitals we did see, namely, the Royal Victoria Hospital, and the Montreal General Hospital. In the year 1894, through the munificence of Lord Mount Stephen and Lord Strathcona, two Canadian peers, the former was established and endowed. It is beautifully situated on the slope of Mount Royal. A training school for nurses was started the same year. It is a general hospital and originally built to contain 340 beds, but the rapidly increasing demand for further private accommodation has resulted in a new private pavilion, which is now in course of construction, to accommodate 130 patients. Its School for Nurses ranks among the best in Canada. We were shown the suite of rooms which were occupied by the Duchess of Connaught during her illness on two occasions. Miss Hersey is the Superintendent of this beautiful up-to-date hospital; she most kindly conducted us herself on our tour of inspection. A preliminary course of training, which includes a domestic science course, was started here in 1906. In the following year a very fine Nurses' Residence was opened. I rejoiced to hear how well the graduate nurses are paid. The salaries are on a sliding scale, namely, £120 to £240. We compare that sadly with the salaries of our own nurses. No salary paid either to man or woman can, in justice, be said to be *adequate* which does not admit of putting by for old age or a "rainy day." The salaries paid to

probationers, during their three years' training, is at the rate of £24 a year, also adequate under the circumstances. The equipment of the hospital includes a fleet of five motor ambulances. That indeed spells comfort for the sick on their journey to the hospital. The treatment of typhoid in the Royal Victoria Hospital is on the most modern and scientific lines. I was particularly attracted by the "High Calory Diet in typhoid" which is in vogue here, and by the courtesy of the graduate nurse in charge I have in my possession six little graded diet sheets showing the exact amount of calories given during the day for those divisions of time. Should any readers specially interested in the nursing of typhoid wish to see them I should be most happy to post them.

MONTREAL GENERAL HOSPITAL.

Historically, it is, perhaps, the most interesting in Canada. It has existed since 1822—not, of course, in its present form—and it can claim to be the first hospital where an attempt was made to introduce trained nursing in a civil hospital. Vicissitudes and adversities inseparable from pioneer institutions, it has known in the past. A description—most interesting, by way of contrast—of the nurses and the wards in the year 1867, has been given by Dr. F. T. Sheppard, Dean of Medical Faculty of McGill University:—

"The wards were small and rather untidy, the nurses were Sarah Gamps. Good creatures and motherly souls, some—all uneducated. Many looked upon the wine (or brandy) when it was red. . . . No records were kept. The clinical thermometer had not come into use; the patients had to look after themselves; fresh air was not thought necessary. Armies of rats disported themselves about the wards. . . . Nothing was known of sepsis or antiseptics. Surgeons operated with dirty instruments and septic hands, and wore coats which had for years been baptised with the blood of the victims."

N.B.—These words formed part of a lecture addressed to Nurses of the Montreal General Nurses' Club, in 1906. It would be difficult indeed to recognize in this description the fine hospital and training school to which the McGill University, in a certain measure, owes its existence.

Miss Livingston, Superintendent of Nurses, has been at her post for nearly twenty-six years, and has done splendid work there. We had the pleasure of a very pleasant interview with her, through the introduction of Miss Snively, of Toronto. Here, too, a preliminary course of training has been established since 1906, and the first instructor was a holder of the diploma of Teachers' College, Columbia University, New York.

MONTREAL FOUNDLING AND BABY HOSPITAL.

This "Palace of Delight" for babies is new, not much more than a year old. The familiar bambino—the emblem of babyhood—adorns the outside walls. It is built in such a manner as to capture the maximum of sunlight and warmth,

and in one or other of the sun galleries, which are at both ends, the happy little patients are to be seen, playing and growing like young plants beneath the genial rays of the sun. The little foundlings are kept here until they are two years of age, and then foster parents are found for them. Pens for tiny toddling things have their obvious uses, but also their *disadvantages*, namely, in the opinion of one of the doctors attending the hospital—middle ear trouble, from which the little creatures frequently suffer—is due to the fact that they sit too much on the floor, where draughts are sometimes unavoidable. This expert opinion set Miss Phillips' brain working, and from it emanated an admirable "Pen" raised eight inches from the floor, and at frequent intervals there is a slender upright rod, several inches higher than the rest, to enable the tinies to raise themselves from a sitting position. The results have been excellent. Our visit to Montreal was made exceedingly pleasant by the renewal of our acquaintance with Miss Des Brisay. Our former acquaintance was at our last International gathering at Cologne, when, it will be remembered, she personated Mademoiselle Jeanne Mance, the foundress of the Hotel-Dieu in Montreal. In spite of her very busy life, Miss Helen Des Brisay became our self-constituted body-guard! and did everything she could to make our visits pleasant, and to give us facilities for seeing what we wanted to see. With her we attended the monthly service of the Montreal Branch of the Guild of St. Barnabas for Nurses.

BEATRICE KENT.

COMPOUND MENTHOL SNUFF.

Messrs. Burroughs Wellcome & Co. are always noted for the excellence and daintiness of their preparations, and the methods in which they are presented to the public. Their Compound Menthol Snuff has long been employed in the treatment of common colds, hay fever, and other nasal conditions. Hitherto it has been put up in enamelled metal boxes, shaped like a snuff box and provided with an inner cardboard container, and in temperate climates this packing has been found perfectly satisfactory and convenient.

To meet the needs of tropical countries, and to obviate the risks of deterioration from the influences of heat and humidity, this product is now put up for tropical use in a watch-shaped bottle, securely corked and waxed and fitted with a screw cap cover. This is a convenient size and shape for the waistcoat pocket, and securely guards the contents against the risk of deterioration.

HOSPITAL GIFT OF 1,000 GUINEAS.

Captain David Lewis, R.A.M.C., has given a thousand guineas to endow a bed in the King Edward VII Hospital, South Wales, in memory of his father.

BOOK OF THE WEEK.

"A SURGEON IN BELGIUM."*

Many books have been written of personal experiences of the present war, and we suppose there are still many that will yet be written, but that under our notice this week is something beyond the recital of surface experience. The distinguished surgeon who is the author, not only himself grasps, in a manner that is perhaps an attribute of his profession, the powerful appeal that suffering in all its aspects of body, soul and spirit makes to humanity but is able to impart it. There is no undue emotionalism, and, above all, there is no flippancy. The book is evidently written by a man who felt to the full the gravity of his responsibility. "We all," he says, "at some time, have longed to go to the Front, but it is only the few who have the opportunity. When we return we bring various mementoes, and our friends are full of envy, and some of us return with scenes burnt into our brain of horror or pathos, such as no human pen can describe. Yet it is only when we sit down in the quiet of our homes that we realise the deeper meaning of all that we have seen, that we grasp the secret of the strange aspects of humanity which have passed before us.

"On the whole," he says, "I am very glad I am a mere surgeon. Human anatomy is bad enough, but after the last three months, the mere thought of an analysis of human motives fills me with terror." He goes on: "If it were only possible to bring home to the people of Britain one-hundredth part of what we saw with our own eyes, stringent laws would have to be passed to stop men and women from enlisting.

The night bombardment of Antwerp, on October 7th,—the shriek and the dull thud of the shells, the falling bricks close at hand, called for immediate steps for the removal of the hospital patients to a place of safety. "We were fortunate in having a basement large enough to accommodate all our patients. I shall never forget the scene on the great staircase, crowded with a long train of nurses, doctors and dressers, carrying the wounded as gently and as carefully as if they were in a London hospital. I saw no sign of fear in any face, only smiles and laughter. It made one proud to have English blood running in one's veins.

Within an hour they were all in places of safety, and the night nurses were taking charge as if nothing had happened."

Their flight from the city later is described, and the evacuation of the hospital was a triumph of resource.

"How the patients were got ready, carried out and into the buses in the time is beyond my comprehension. But somehow it was managed. I took a last look round and drove out the last nurse who was trying to rescue some last 'hospital comfort' for a patient, and in the end I was myself driven out by two indignant dressers, who

caught me trying to save the instrument steriliser. At the door of each bus was seated a nurse like a conductor to give what little attention was possible to her patients."

The night journey was full of incident, tragedy and pathos. The rows of fugitives on the road side were a piteous spectacle. "There was one row of little children which will ever live in my memory, tiny mites sitting together on the road side. We only saw them for a moment as our light fell upon them, and they disappeared in the darkness. Germany will have to pay for Louvain and Termonde. It is not with man she will have to settle for that row of little children."

The next objective for the Belgian Field Hospital was Furnes, and very interesting is the account of its equipment and organisation. A very instructive sketch is also given of the history and objects of interest of this old town.

There are a dozen and a half of illustrations in this volume all of supreme interest.

This is a book that none should miss, for there is that in its pages which must uplift and inspire.

H. H.

THE MOUNT OF DECISION.

Lord, take us up to the heights and show us the glory.

Show us a vision of Empire! Tell us its story! Tell it plain, for our eyes and our ears have grown holden;

We have forgotten that anything other than money is golden.

Grubbing away in the valley, somehow has darkened our eyes,

Watching the ground and the crops—we've forgotten the skies.

But Lord, if Thou wilt Thou canst take us to-day To the Mount of Decision

And show us the land that we live in With glorified Vision.

COMING EVENTS.

January 21st.—Central Midwives Board. Penal Cases. Board Room, Caxton House, S.W. 11 a.m.

January 21st.—The Matrons' Council: Annual Meeting, 431, Oxford Street, London, W. 3.45 p.m. Tea.

Meeting National Council of Trained Nurses, 5 p.m. To receive a report from Delegates to International Council Meeting and Nurses' Convention, San Francisco.

January 22nd.—League of St. Bartholomew's Hospital Nurses. The Winter General Meeting, Clinical Theatre, Medical School, 3 p.m. Social Gathering, Nurses' Sitting Room, Nurses' Home.

WORD FOR THE WEEK.

Flowers are lovely! Love is flower-like,
Friendship is a sheltering tree.

C. G. Kedge.

* By H. S. Soutter, F.R.C.S. London: Arnold.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A PROFESSIONAL QUESTION WITH VITAL ISSUES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am sure that every member of the nursing profession must feel grateful to you for your clear and logical criticism of Mr. Stanley's Circular Letter in last week's issue. Many of us are working at such high pressure at the present time, that though feeling instinctively that the suggestions contained in the Letter are dangerous, we should have difficulty in finding time to study it sufficiently to find out exactly in what the danger consists, but your analysis has made that quite clear, and it is to be hoped that Mr. Stanley's Letter will have the effect of stimulating every member of our profession to strain every effort to get the State Registration Bill passed through Parliament and in working order before the end of the War, otherwise the condition of the nursing profession will then be even more chaotic than it was before the War.

I remain, Madam,

Yours truly,

A TERRITORIAL MATRON.

A PUBLIC MEETING SUGGESTED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I had hoped that since that memorable day—March 3rd, 1914—we stood on firmer ground with regard to State Registration; indeed, I think so still, because, if all the men who then voted in favour of the Bill, are good men and true, we are bound to win when the Prime Minister allows time to deal with it. But our opponents are now trying to cut the ground from our feet. I have read and considered the scheme proposed by the Hon. Arthur Stanley, and I am so much impressed by the serious menace of it, that I have written to him and expressed my views. One paragraph is particularly impressive. He calls to mind the fact that the professions of medicine, chartered accountants, surveyors, barristers, solicitors, "and other bodies organise the teaching and examination of candidates for their respective professions," and yet he gravely proposes that the laity should govern the Profession of Nursing for us! It is scarcely conceivable, except for the fact that voteless women are not persons, and therefore do not count. I hope that all the readers of THE BRITISH JOURNAL OF NURSING are alive to the danger of the new scheme. We must win, we must keep the flag flying in spite of all opposition. Let us not lose courage, but "fight the good fight with all our might." I hope a public meeting of those nurses

who are conscientiously convinced that by Act of Parliament alone can the Profession of Nursing be justly organised, will be called as soon as possible.

BEATRICE KENT.

[The question at issue under the proposed scheme is whether managers of Nursing Schools attached to hospitals shall govern the Nursing Profession—that is, control their educational curriculum and economic condition—or whether trained nurses shall take their rightful share in governing their own profession. This has been the principle around which the twenty-eight years' fight has clashed, and the fight will continue until the Training Schools cease to claim a monopoly of Nursing.

The "advisers" of Mr. Stanley have excluded the organised Matrons' and Nurses' Societies from knowledge that a demand to organise the profession was contemplated, and in his reply to Miss Kent, Mr. Stanley informs her that, "I hope shortly to call a meeting of representatives of recognised training schools and to put before them a more definite scheme than that which it was possible to present in my first letter." Here again we find the Nurses, as apart from the Training Schools, completely ignored. The autocratic attitude of the promoters of this scheme to control us, without consent, sounds a warning note.—ED.]

AN OBVIOUS COURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I most cordially endorse the view you express in your editorial article that "no one will be surprised to learn that the Hon. Arthur Stanley, in his position as Chairman of the Joint War Committee, has recognised the disorganised condition of the nursing profession." What is really astounding is that he imagines he can evolve a scheme for its organisation amid his exacting duties as Chairman of the above Committee, in the midst of the turmoil of a European war. May I be permitted to suggest to him, through the medium of your valuable paper, that he has a well-considered instrument ready to hand in the Nurses' Registration Bill, in charge of Dr. Chapple, and that he would be well advised to urge the passing of that carefully-considered and well-balanced measure upon the House of Commons.

I am, yours faithfully,

REGISTRATIONIST.

OUR PRIZE COMPETITIONS.

January 29th.—What are the causes of constipation in an infant during the first ten days of its life? How is the condition treated?

February 5th.—What is the difference in the nature and action of a vaccine, and an anti-toxin serum? What is a common dose of diphtheria anti-toxin? How would you prepare the skin for the injection?

The Midwife.

THE TREATMENT OF FORMS OF ANTE-PARTUM HÆMORRHAGE.

On January 12th, a lecture was delivered by Mr. Gordon Ley, to the members of the Nurses' Club, nurses and pupils of the City Road Lying-in Hospital on the subject of Treatment of Forms of Ante-Partum Hæmorrhage.

Placenta Prævia, he said, was far more common in the elderly multipara than in the primipara. Bleeding from this cause rarely started when labour commenced, but was present before the pains began, it was due to the stretching and relaxation of the lower uterine segment causing a portion of the placenta to detach. Bleeding generally begins in the 30th-36th week, and these patients rarely go to term. For some unexplained reason it generally occurs at night. It is a general rule that the first hæmorrhage does not start labour pains. As a result, one small portion becomes separated. In a week or two another hæmorrhage occurs, and yet another till the placenta gradually separates off. The amount of separated placenta acts as a foreign body, and stimulates the uterus to contract. After two or three pains profuse hæmorrhage starts. The earlier, however, bleeding occurs in pregnancy, the less when labour begins, as often the placenta is practically separated and each area is thrombosed.

The lecturer then dealt with diagnosis and treatment. With regard to the latter, there were he said two conditions that could be safely dealt with by the midwife.

One was when labour was far advanced, with a vertex presentation—in which case the membranes should be ruptured, a tight binder applied and a dose of ergot given. The second condition was when a foot presented, when the membranes should be ruptured, the foot pulled down and held on to till the arrival of a medical man.

In cases where the presenting part could not be felt and the hæmorrhage was severe, the midwife should plug very effectually, but these cases were rare, and it was very unusual to have to plug.

Results in placenta prævia from the mother's point of view were good. The babies were hopeless, whatever was done 66 per cent. were born dead.

The chief cause of mortality in these children was that they sit on the cord, and so cut off the supply of oxygen. Other causes were premature birth, and breech presentation.

Speaking of accidental hæmorrhage, the lecturer said it was not nearly so common as placenta prævia, and was unfortunately so called, as it was practically never caused by accident. All severe cases of this class had albuminuria, some had chronic Bright's disease, some heart disease. Careful enquiry had failed to attribute any one case to any one accident. Of the three varieties

of this condition—Revealed, Concealed, and Combined—Revealed was by far the most common.

Diagnosis rested on the exclusion of placenta prævia. The bleeding was due to the one fact only—the contractions of the uterus separating the placenta. Very few cases of revealed accidental hæmorrhage die. The best treatment was to rupture membranes, put on a binder and give a dose of ergot. Concealed accidental hæmorrhage was by far the most serious. It was really caused by paralysis of the uterus, by a sudden large hæmorrhage. The bleeding continues till the expansion of the muscle fibre has reached its limit, and then the tension will stop it. Pains are absent, or the blood would track along. The diagnosis should be obvious; in appearance the patient will have all the symptoms of shock from loss of blood. As for the treatment, any attempt by the midwife to deliver the patient would kill her, she can do absolutely nothing.

The medical man can do two things, give morphia or open the abdomen. The first treatment in the opinion of the lecturer should be tried. The patient may recover from shock, the pains start, a binder be applied and the membranes ruptured. If the abdomen is opened, either a Cæsarian operation is performed or the uterus removed.

In the old days every single case of concealed hæmorrhage died because it was not understood that the condition was due to placenta.

The following lectures will be given on the undermentioned dates:—

February 9th.—Venereal Disease in relation to Still Birth. Dr. Eardley Holland.

March 8th.—Toxæmia of Pregnancy. Mr. Gordon Ley.

April 13th.—Abnormal Uterine Pains. Mr. Comyns Berkeley.

THE TENDER EPITHELIUM OF THE NEWLY BORN.

Dr. Eric Pritchard in a recent lecture on the Care of the New Born Child, dealing with infection through the skin, pointed out the immense amount of harm that was done by injuring the tender epithelium of the newly born. The vernix caseosa was the child's protective armour, and should be removed with great caution and gentleness. The skin eruptions of the scalp in the form of dry crusts were often due to abrasion. In like manner the cleansing of the nose, ears and mouth should be done with great ceremony and always with the softest wool. The practice of cleaning the mouth with linen wrapped round the finger leaving the nail exposed, commonly produced ulcers on the palate. He also deplored the practise of clearing off the meconium by castor oil as it was nature's method of protecting the intestine from infection.

SAVING THE FUTURE.

Sir Charles Wakefield, Lord Mayor of London, writing in the *Mothers' Magazine*, edited by Mrs. M. A. Cloudesley Brereton, on "Saving the Future," says: "To a nation absorbed in the task of saving the present, a message concerning the guardianship of the future may at first sight seem superfluous. But, in truth, this matter of the future underlies at the moment our whole activities, whether emanating amidst the turmoil of the battlefield, or radiating from the quietude of the hearth at home.

"Upon the battlefield, this question of the future is implied in the bayonet charge of every private, and in the words of command of every officer, since each soldier understands that upon his individual action and conduct depends the sacred right of the next generation of Englishmen to their heritage of freedom. And, in answer to the claim of the days to come, the youth of Great Britain has gathered from the four corners of the globe, to offer up the supreme sacrifice of personal love and joy, and if need be, of life itself.

"But have we civilians realised that a similar sacrifice for the future must be made by us, not only vicariously through our heroes at the Front, but at home, here and now, through our individual efforts and self-denial? The answer is none too clear. Yet, if we would preserve our ancient liberties, we—the denizens of the greatest city in the world, must meet those claims of the future at home as fearlessly and generously as they are accepted in the trenches.

"As citizens, our chief debt to the future is, I take it, the handing over of our heritage to a numerous and healthy generation who are well equipped both in physical and mental qualities. Failing the payment of this, our debt, the sacrifice of the best blood of Young England will have been made in vain, and no compensation will be found by our successors in the stores of gold and treasure we may bequeath them, if we have failed in our greater task. Many of our citizens have realised, perhaps vaguely, the truth of such assertions; but in the hour of crisis our faith must not be the shadowy acceptance of the truism, but a living belief based on definite and comprehensive knowledge.

"Of facts as to population, public health, and infant mortality, we have at the moment 'God's plenty,' since experts, appalled at the loss of life in the European arena, have of late turned their attention with increased zeal to the records of vital statistics. . . . The facts they can supply are, however, by no means reassuring to the custodians of the cherished country behind the firing line. For instead of the devoted guardianship of budding life that one might have expected from the citizens of a great country, we find the appalling record of a far greater loss at home among the citizens-to-be than that indicated in the Rolls of Honour of those who have fallen on the battlefield. For while, during the first year of the Great

War, we have lost 75,957 of the flower of English manhood, we lose each year 100,000 out of 800,000 babies born into the nation, another 100,000 infants succumbing annually in the pre-natal period.

"And, just as in the battle-field, the figures of those killed in action represent a much larger number of those put out of action, so in the arena of life, each infant that comes to nothing, or dies in the first year of infancy, represents a still larger proportion of babies maimed and injured by the conditions which have exterminated the weaker stocks."

After showing that this loss of infant life is due to no iron hand of destiny, but is more often directly caused by insanitary surroundings, the Lord Mayor refers to the good work done in the direction of prevention by the Marylebone School for Mothers, the Infant Welfare Centres, the Maternity Centres, and the Home Helps lately instituted by the Central Committee for Women's Employment.

After pointing out that localized effort needs to be extended into a national network, he concludes:

"I therefore appeal to the Mayors and Mayoresses of Great Britain, those City Fathers and Mothers of the populations of all great centres, to set this national work in motion by the calling together of a great conference of the men and women of their locality—a Mayoress' Day should, if necessary, be set aside throughout the kingdom—so that together they may devise local weapons in each municipality to fight those ancient city evils of dirt, ignorance and disease, which are menacing our national existence through the slaughter of our citizens-to-be."

EVERY BABY IMPORTANT.

"One thinks more acutely about the deaths of babies at the present time, when every baby's life is so important to the nation," remarked Dr. Major Greenwood, the deputy coroner, at a Hackney inquest.

BABIES OF BELGIUM.

Mrs. Haden Guest is appealing in the press on behalf of the babies of Belgium, who are brought to the infant consultations organized by Dr. Rulot, Medecin Chef, Service du Santé et de l'Hygiene, in towns and villages behind the firing line. Some time ago her appeal was generously responded to, and she received a large number of garments and other necessities, which she was able to take to Belgium. She now writes from the headquarters of the Belgian Soldiers' Fund, 19, James Street, Oxford Street, W., asking for help on behalf of the work of these consultations. A light "run-about" motor is needed to take the garments, and the workers from the different centres, and the smallest subscriptions will be most gratefully received towards the purchase of this motor, addressed to Mrs. Haden Guest as above, or at 16A, John Street, Adelphi, London.

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EDITORIAL.

THE ROYAL COLLEGE OF ST. KATHARINE

St. Katharine's Hospital has had a varied and chequered career since the time when it was founded in 1128 by Queen Matilda as a memorial to her two children. From that day to this it has always been under the patronage of the Queens of England, and in the reign of Edward III Queen Philippa obtained for it a Royal Charter, when its duties were extended, and in addition to the care of the sick within its walls it became the duty of the ladies of noble birth who served in it to visit and nurse the sick poor in their own homes. It was this fact which led for a time to its removal from the East End to the neighbourhood of Regent's Park, as the headquarters of Queen Victoria's Jubilee Institute, but, as our readers are aware, it is now once more located near the site of its original foundation, and its scope, by the desire of Queen Alexandra has been once again extended. A home has been found for it in Poplar, in the thickly populated area between the Bow Road and the East India Dock Road, and here, as the Royal College of St. Katharine, under the direction of Miss Macqueen, it undertakes the infant care work of the borough under the maternity scheme approved by the Local Government Board, thus coming into line with modern ideals that nursing has its definite duties in regard to the prevention of disease, and in helping to raise the general standard of national health. So successful has the work of the College been that the staff of health visitors employed in this branch of work is to be increased from six to nine, and two extra houses adjacent to the premises at Bromley Hall have been secured.

Recently a resolution was unanimously adopted by the Poplar Borough Council expressing hearty appreciation of the work

done by the Royal College of St. Katharine which Queen Alexandra, the Patron, has caused to be established in the Borough, and gratitude to Her Majesty for the unflagging interest she has always taken in measures designed for the improvement of the public health, of which interest St. Katharine's College affords a noteworthy illustration.

At a meeting of the Borough Council held on January 20th, a letter was read from Colonel Streatfeild, Private Secretary to Queen Alexandra, conveying to the Council of the Metropolitan Borough of Poplar Her Majesty's sincere thanks for the resolution passed by the Council recording their appreciation of the services rendered to the health of expectant and nursing mothers and their children by the College of St. Katharine's within the borough, in which he said :—

Her Majesty, as Patron of the College, rejoices to know that its work during the past year, under the able management of the principal, Miss Macqueen, has had such excellent results, and Her Majesty fully recognises the unflagging energy and zeal which Miss Macqueen and her staff of health visitors have displayed in the performance of their duties. Queen Alexandra feels, however, that the success which has been achieved by the College of St. Katharine's could never have been perfected without the co-operation and support which has been granted to it by the local authorities. Colonel Streatfeild further added :—

Her Majesty's keen interest in all movements which have for their object the improvement of public health, especially as regards women and children, is universally known, and she trusts that with your Council's help and advice the all-important and national work which has been started under such favourable auspices will grow and prosper.

We hope there is a happy and healthy future before the babies of Poplar.

OUR PRIZE COMPETITION.

WHAT ARE THE CAUSES OF CONSTIPATION IN AN INFANT DURING THE FIRST TEN DAYS OF ITS LIFE? HOW IS THE CONDITION TREATED?

We have pleasure in awarding the prize this week to Miss E. O. Walford, Laver de la Haye, Colchester.

PRIZE PAPER.

By constipation is meant the lapse of twenty-four hours or more without the passage of a stool.

Causes.—Constipation may be due in early infancy to:—(1) Some peculiarity in the milk, such as (a) a deficiency of sugar or fat, which would lead to a deficient stimulation of the bowel; (b) general poorness of the milk, so that it is nearly all absorbed, and practically no residue is left to promote peristalsis; (c) too much protein in the milk. (2) Inanition, or starvation, which may be due to the supply of milk being insufficient, or though the supply is sufficient, the infant may be unable to obtain it. (3) Accurate adaptation of the food to the digestive capacity may leave a deficient residue in the bowel. (4) Defective intestinal secretions. (5) Spasmodic contraction of the bowels, which, by narrowing the passage, forms an obstacle to the onward passage of the intestinal contents. (6) Congenital atony, or want of power in the wall of the bowel. (7) Sluggish rectal reflex is common in mentally defective infants, especially Mongolian idiots and cretins. (8) Congenital narrowness of the anal orifice. (9) Fissure of the anus. (10) Malformation of the bowel.

Treatment.—This will naturally depend on the cause of the constipation, but strong purgatives, such as castor oil, should not be given, and enemata should be used with great caution, as the mucous membrane is so delicate that it may easily be injured; also, as the cause of the constipation is frequently high up in the intestine, enemata will not always reach the seat of the trouble. The cause must, therefore, be discovered and treated, but a single feed withheld and replaced by an ounce or two of freshly made barley water containing one teaspoonful of extract of malt, or one teaspoonful of manna dissolved in hot water, will often meet the case. (1) Deficiency of sugar in the milk may be remedied by the addition of one teaspoonful of cane sugar to each feed if bottle-fed, or in water if breast-fed, while fat may be supplied in the form of a teaspoonful of cream or olive oil. (2) Inanition may be overcome by treating the

cause. If the mother's supply of milk is too small, it may be supplemented with a bottle once or more during the day, though this is best avoided if possible, as after taking a feed from an easily flowing bottle, the infant will probably be disinclined to make a laborious attempt to obtain milk from the breast. The supply of milk will generally be increased to a sufficient quantity by feeding the infant at regular and not too frequent intervals, and, if necessary, helping him to empty the breast by means of a breast-pump. If the cause is inability to suck owing to (a) depressed nipples, and if they cannot be drawn out by manipulation, a shield and artificial nipple may be of use; if the inability is due to (b) cleft palate or hare-lip, an early operation may be necessary, the mother's milk in the meantime being drawn off and given to the baby with a pipette; (c) premature infants, who lack the necessary strength to suck, should be kept warm, rubbed with olive oil, and wrapped in cottonwool till the condition improves; (d) dyspnoea, due to adenoids, bronchitis, snuffles in syphilis, &c., may also render sucking difficult, and in these cases too an artificial nipple is often beneficial. (3) When constipation is constant in spite of the baby taking sufficient milk of a correct standard, one teaspoonful of emulsion of paraffin, flavoured with peppermint, given once or twice a day, frequently produces the desired effect. (4) Intestinal secretions may be increased by giving 5 grns. of sulphate of soda three times a day. (4) and (5) Spasmodic contraction of the bowel and atony may both be treated by massage, which is also of benefit in constipation due to other causes. (7) Constipation in cretins can generally be overcome by the administration of thyroid extract. (8) Narrowness of the anal orifice may be treated by stretching under an anæsthetic. (9) Anal fissure is generally cured by the application of orthoform or weak cocaine ointment. (10) Malformation of the bowel necessitates immediate operation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mary Hall, Miss Mabel Forrest, Miss Lucy Cooper, Miss D. Mackintosh, Miss M. Thompson.

QUESTION FOR NEXT WEEK.

What is the difference in the nature and action of a vaccine and an anti-toxin serum? What is a common dose of a diphtheria anti-toxin? How would you prepare the skin for the injection?

NURSING AND THE WAR.

Miss A. B. Baillie, R.R.C., whose portrait we have pleasure in presenting on this page, has been Matron of the Royal Infirmary, Bristol, since 1898, she is at present Principal Matron of the 2nd Southern General Hospital, T.F., and received the Royal Red Cross (First Class) for her services in this connection amongst the New Year's Honours. Miss Baillie was trained at the London Hospital, and before her appointment to Bristol was Matron of the Hospital of St. Cross, Rugby.

Much satisfaction is felt in Leeds by the distinction conferred by the King on Miss E. Steele Innes, Matron of the General Infirmary, and Principal Matron of the 2nd Northern General Hospital (T.F.), in the award to her of the Royal Red Cross (First Class). When Miss Innes arrived at the Infirmary, after being invested by the King at Buckingham Palace, an enthusiastic reception awaited her. She was met by the resident officers, led by Mr. Flint, the resident surgical officer, and Dr. Bibby, the resident medical officer, and by all the sisters and nurses, who cheered her heartily and escorted her along the main corridors.

The Weekly Board of the Infirmary have also passed a resolution, warmly congratulating Miss Innes on her well-earned honour, and she has received many congratulations from those who are acquainted with her organizing ability and sympathetic care.

Why is it that when women leave this country they so often think it unnecessary to observe the proprieties, and some times we must add the decencies of civilised life? The fact is painfully brought home to us by a picture which has been published in more than one of the illustrated papers, representing a doctor in a bath lightly clad in a shirt, while round him stand a group of shameless women in pyjamas, several with their hair down their backs, guffawing and drenching their victim with water. Over the picture are the words, "Help! help, it's cold!" The doctor is given a shower bath," and below the note, "Outnumbered by eight to one the doctor had no chance to escape, and had, in popular parlance, to 'go through it.' The nurses were without mercy or compassion,

and poured cold water over him in addition to scrubbing him with the hardest brushes. The photograph was taken in Serbia."

Our attention has been drawn to this disgraceful picture by several correspondents, one of whom writes: "If this photograph is genuine it is surely imperative that a public inquiry should be made by an authority in the nursing world, as to the training school responsible for such a doctor and such nurses, and Matron-in-Charge.

"These nurses do not appear to have even the excuse of youth, though few young girls in the privacy of their home would indulge in such horse play or exhibit themselves in such attire, and is it possible that any qualified man would permit such behaviour on the part of his nurses?

"No wonder that the French express astonishment at the un-nurselike appearance of some of

our women high-heeled shoes, white silk stockings, perfumes, &c. — and that our wounded are not always satisfied with the class of nurse chosen to tend them? It is a scandal that such creatures should be let loose on helpless sick and wounded and allowed to disgrace our country abroad."

It would be interesting to know who selected and sent these women, trained or untrained, to Serbia. The pernicious interference of unprofessional people with nursing affairs since the War began has led to more scandal than it was possible to imagine.

A Canadian nurse in the service of the C.A.M.C., who has lately returned invalided from the

Dardanelles, when seen by a representative of the *Canadian Gazette*, said, in the course of conversation that she had gone out there on August 1st. The hospital to which she belonged was sent to Lemnos. The island was not an ideal spot for a hospital. Water was difficult to get, and conditions were not sanitary, although things improved greatly as time went on. The hospital was in tents, and when the island was visited by a tropical storm, life became very hard indeed.

"All our stores had to come by ship," continued the nurse, "as nothing could be obtained on the island except some figs and tomatoes. And the question of supplies was complicated by the fact that there was no proper landing, and everything had to be brought by boats. At first we had no



MISS A. B. BAILLIE, R.R.C.,
Principal Matron, 2nd Southern General Hospital, T.F.

comforts for the men, but now the Red Cross people are supplying all kinds of things that are really necessitous. We nurses certainly had a hard life there. Our only light at night was a candle, and owing to the difficulty of getting a good water supply our work was sometimes overwhelming. Every drop of water for drinking had to be boiled, and our means for boiling in quantities was inadequate. We had to wash our own linen. The flies were terrible. They covered everything, and eating was a misery to be got over quickly. The meat supply was another difficulty. Sometimes we were able to buy meat from a ship but otherwise we had bully beef. We only had sick cases sent to us; the surgical cases were sent to Alexandria or England. The difficulties of landing stood in the way of our receiving wounded men. We had Australians, New Zealanders, and British soldiers, and the way they bore the hardships they had suffered was admirable. Poor boys! They had had a terrible time, and were exceedingly grateful for everything that was done for them. Most of them were men of a good class, intelligent and well behaved. We never had any trouble with any patient. Those who were able did what they could to help us. When, for instance, the tents were blown down in a storm, these poor fellows were splendid. When I left, some huts were being put up to replace the tents. This will undoubtedly be an improvement. Lemnos is a desolate place with only a few little villages on it, and though we Canadians are supposed to be used to roughing it, I don't think any of us knew what roughing it really could mean until we went to Lemnos. A woman needs a very strong constitution to stand it. Enteric and dysentery are the two things we had to fight against, and conditions did not help us much. As I dare say you know, we lost two nurses there.

Miss Dickinson, of Moulton, Northampton, who has just returned from Serbia, where she has been engaged in hospital work, writing of the trek over the mountains, in a contemporary, says of the arrival of her party at Brindisi:

"The authorities seemed to hesitate about permitting us to land, and I do not wonder at it. You never saw such a sight as our little party presented. Quite half of us had no skirts, we had not been in a bath for two months, and we had not a thing except what we stood up in. Our feet were peeping out of our boots, we were all as thin as herrings, and looked like scarecrows. The most vivid impression that remains with me is of the wonderful spirit and endurance shown by the party of British women. I would not have believed it possible that any women could endure such hardships and live. Some of them were frail, delicate women who had not been used to roughing it, but they accepted all the trials of our long tramp with a heroism and fortitude beyond all praise."

Miss Dickinson and her friend Miss Holland were present at the bombardment of Antwerp. They say that the horrors of war seen in Belgium

were as nothing to the miseries which they saw in the flight from Serbia.

Lady Grogan begs to say that a letter dated December 28th from Lady Paget has been received by her family in which she states that they are all being most kindly and courteously treated and have plenty of food, and that it was thought that they would all soon be on their way home.

While many eyes are turned on Salonika just now, it seems unlikely that it will prove suitable for the treatment of a large number of wounded, but it will be quite possible to remove them to Egypt or Malta. Amongst the hospitals at Salonika are two provided and staffed by the Dominion of Canada.

Of the 600 nurses supplied by the Australian Commonwealth, some have already been sent from Alexandria to Salonika, and New Zealand has also sent nurses to the Near East; so that our Dominions beyond the Seas have proved that they have a large reserve of fully-trained nurses upon which the Mother Country can draw in case of need.

The "Letters from a Field Hospital," by the late Mrs. Percy Deamer, written to her literary executor and friend at home, Mr. Stephen Gwynn, are of much interest. It is very regrettable, however, that she should be able to write of the contingent with which she sailed as an orderly, "We are a strange crew—Sisters of Mercy—French doctors in every kind of strange uniform, from blue and red plush to khaki—one recognizes them by the twisted serpent on the collar. They are puzzled by us, because our nurses laugh and play and smoke cigarettes and carry on generally. One said, 'No woman can nurse unless she is a nun; you don't know what you are going to do; you will be back by the next boat!' The whole unit is, in consequence, furiously indignant."

Again of their arrival at Malta. "The harbour was a wonderful sight with all the huge ships showing out of the blue. . . . The doctor in charge brought a whole string of difficulties to my cabin. All the nurses picked up escorts of stray 'Tommies' and went round Malta in large hilarious parties. I thought the best thing to do was for Percy (the chaplain, Dr. Percy Deamer), to tell them that *this must not be* at other places; so he called a meeting and warned them of the possible dangers in Greece and Serbia. They retorted by saying that parties ought to be organized to show the place, and then they would not have to pick up 'Tommies.' Accordingly, Percy and Cook's man have taken an enormous party to the Acropolis this morning."

It will be remembered that the contingent with which Mrs. Deamer went out to Serbia was speeded on its way under the auspices of the Church League for Women's Suffrage, after a dismissal service, when Dr. Deamer preached at St. Martin's-in-the-Fields.

It is always required of nurses that they should be adaptable, and our illustration is a case in point. It shows a British nurse outside her tent at Salonika—a complete change of environment from a well appointed nurses' home—but one to which she seems to take very kindly. Salonika just now is a storm centre of the first magnitude, and "not a base but a front." The searchlight of public interest thrown upon it lights up also the

now being built for it by the Tatiana Committee. Two medical women, with a Matron and fully-trained nursing staff, will take medical stores and comforts, and clothes for the women, children and infants, and they hope besides the 16 beds in the hospital, to undertake a large outpatient department. The hospital will have the protection of the Empress Alexandra, and the patronage of the Grand Duchess Kyril, and of the wife of the British Ambassador.

The Tatiana Committee have granted 1,000 roubles a month towards up-keep, and the British Committee must provide at least an equal amount (that is £100 a month), besides salaries, outfit, medical stores, and travelling expenses.

The nurses will wear blue washing dresses, with blue and white check aprons with a red cross on the bib. Out of doors they will wear leather coats lined with fur, and Russian boots, and a blue veil. Their badges represent the British Lion on a red ground, with the Union Jack and the Red Cross entwined. Those who bade adieu to Miss Violetta Thurstan at Euston Station when she left for Russia with Miss Moberly to make the preliminary arrangements will remember that she wore this characteristic apron. The Matron of the hospital is Miss Roberts, Assistant Matron of the Victoria Hospital, Chelsea.

More than 800 nurses engaged in War work have been hospitably entertained at Queen Mary's Hostel for Nurses, and the Com-

mittee are seeking larger premises into which it is essential they should move at the end of May from Tavistock Place. They would like to obtain, until the end of the war the loan of a house with about 40 bedrooms.

The doctors and nurses of the Japanese Red Cross Society who have done such good work at Netley Hospital during the last year left London last Saturday for Tokio.



BRITISH NURSE IN HER TENT AT SALONIKA.

work of the British nurse stationed there. We do not doubt that it will reveal that she is worthy of all honour in the rôle assigned to her.

The first unit organised by the National Union of Women's Suffrage Societies for helping to alleviate the unspeakable sufferings in Russia of the millions of peasants, who are refugees from the war zone, will, it is hoped, start this week for Petrograd to take over the Maternity Hospital,

FRENCH FLAG NURSING CORPS.

We wonder if the friends of the Sisters who recently acted a play in French for the amusement of their patients at Talence, will recognise them in the "Perrichon" group. As the Matron promised the male get up is very "correct."

The Canadian Unit arrived quite safely in Paris, and have now been sent to their various destinations.

So successful has been the work of the Massage Unit at Evreux and Cabourg that four more

Miss A. Hanley, R.N., who came over with the Canadians, and is an American citizen, is now on duty at the American Women's War Hospital at Paignton, South Devon. Miss Hanley is a graduate of Bellevue Hospital, New York, a registered nurse, and has held a Superintendent's post in Canada for five years. She will, we feel sure, be a great addition to the staff at Paignton, and we wish her happiness in caring for our sick and wounded men.

Our best thanks are due to the Matron of Barnet Union, Miss Stratford, and her helpers for the beautiful jackets and pyjamas made by them.



THE "PERRICHON" GROUP. SISTERS AT TALENCE.

thoroughly trained nurse-masseuses are required for such service. Sisters Chamberlain and Kirkland have been sent to Cabourg, so two more are needed. Candidates must hold a three years' certificate of general training, and a recognized certificate for massage, and should apply personally at 431, Oxford Street, on Friday afternoons from 2.30 to 5 p.m.

Mlle. Marie H. de l'Epine, who holds a three years' certificate of training from St. Thomas's Hospital, London, has been elected a member of the Corps. Mlle. de l'Epine is the first French lady who has applied whose qualification of training entitled her, in the opinion of the Committee, to be admitted. She left for France last week.

It is a truism that, when any work is required to be done, it is the busy people who generally volunteer.

What is the age limit for Home Service? Not three score years and ten, nor even four score years. This is demonstrated in the pleasant work-room assigned to the old ladies at Barnet Union, where aged hands have for some weeks past been fashioning garments for the F.F.N.C.

Eighty-two has put beautiful work on the pretty scarlet and grey bed jackets, and eighty announces proudly that she has made six pairs of "trousers" belonging to the pyjamas.

Ninety-three is not quite sure whether she helped. She was a good sewer in her day, but is rather past war service now.

An old German body placidly knits socks for the "poor fellows," which she hopes "will keep them warm." There are some "physically unfit" for service, who yet glow with a reflected patriotism in sitting next to some "person" who is sewing for the soldiers. Some, as Michael Fairless beautifully expressed it, can only "sit on the sunny side of the wall, waiting for the tender mercy of God." These are honourably exempt. It would be well for the nation if each individual did their "bit" as willingly and gladly as our old friends at Barnet.

Consignments of beautiful and useful articles keep arriving at the office, and Miss Hawkins has sent off this week splendid bales to Toul and Steenwoorde. We do hope the Sisters who receive the beautifully made grey and scarlet bed-jackets and pink and white pyjamas will tell the French soldiers who wear them, with what patriotic pride the old ladies in Barnet Workhouse made these comforts for them.

Mrs. Alfred Paine, of Bedford, has again most generously sent us 150 pairs of slippers and flannel boots, making her grand total 11,553 for sick and wounded soldiers—700 pairs since the beginning of this year.

From Miss B. G. Hunt and her pupils the weekly supply of woollies have arrived, and the most generous weekly gift of 10s. How nice it would be if other Principals of girl's schools would follow this most helpful example.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in the Home Hospitals:—

Red Cross Hosp., Llandymnog, North Denbigh.—Miss M. Edwards.

St. John's Auxiliary Hosp., Clitheroe, Lancs.—Miss M. A. O'Donnell.

Windlesham Moor Military Hosp., Windlesham.—Miss F. E. McCormick.

Broom House Hosp., West Horsley, Surrey.—Miss B. McMurtrie.

Grange War Hosp., Deal.—Miss J. M. Stewart.
Boxmoor House Hosp., Boxmoor.—Miss G. A. Wesolowski.

V.A.D. Hosp., Sutton Coldfield, near Birmingham.—Mrs. E. Smith, Miss C. Geoghegan.

County of London War Hosp., Epsom.—Miss V. M. P. Wakefield.

Auxiliary Hosp., Dalston Hall, Cumberland.—Miss M. A. G. Dixon.

V.A.D. Hosp., Wallfields, Hertford.—Miss M. O'Reilly.

V.A.D. Hosp., Newton Abbot.—Miss M. Davies, Miss A. Jenkins.

Quex Park, Birchington, Kent.—Mrs. G. Jenkins.
Red Cross Hosp., Leonwardine, Herefordshire.—Miss E. Murray.

Green Bank Military Hosp., Bolton.—Miss E. Leigh.

Balmoral Hosp., Llandudno.—Miss E. V. Doherty.

Heath Lodge, Petersfield, Hants.—Mrs. M. Rollinson.

Military Block, Hosp. for Incurables, Newcastle-on-Tyne.—Mrs. R. Livens.

Red Cross Hosp., Station Rd., Gillingham, Dorset.—Miss M. A. Bennett.

Kempston Hosp., 3, Granville Rd., Eastbourne.—Miss J. Poulsen, Miss T. Somers.

V.A.D. Hosp., Standish, Stonehouse, Glos.—Miss E. F. Moxon.

Red Cross Hosp., Harlow, Essex.—Miss E. Smith.
Southwood Auxiliary Hosp., Eltham.—Miss M. R. Chichester.

Heywood Auxiliary Hosp., Cobham.—Mrs. F. M. Price, Miss E. E. B. Marsh.

Mary Wardell Hosp., Stanmore.—Miss N. Horan.

Highams Military Hosp., Woodford.—Miss L. Clarke.

Red Cross Hosp., Hawkstone, Fareham.—Miss C. S. Theophilus.

Officers' Hosp., North Deighton Manor, Netherby.—Miss M. G. Brenner.

Gifford House, Roehampton.—Miss A. Eldridge.
Red Cross Hosp., Wymondham.—Miss M. Marlande.

Red Cross Hosp., Shirley Park, Croydon.—Miss C. M. Jönsson.

Knightshayes Hosp., Tiverton, Devon.—Miss A. A. Martins.

Red Cross Hosp., Netley.—Miss B. H. James.

ABROAD.

The following Sisters have left for the Headquarters at Boulogne.—Sisters A. Macdonald, T. Stubbs, K. E. Skinner, M. E. Etherington, L. Macgregor, F. Hefferman.

Lady Dudley's Hosp., Mentone.—Sister E. Ashburner.

Italy.—Sisters Murray, M. E. Price.
Duchess of Sutherland's Hosp., Calais.—Sister J. Aitken.

Liverpool Merchants' Hosp., Elaples.—Sister A. Moore.

FETING MRS. DE WINTON.

Mrs. De Winton, Matron of No. 2 Hospital, Rouen, who has been decorated with the R.R.C., has been entertained at dinner by the Sisters to commemorate the honour. The decorations were carried out in the loyal colours of red, white and blue. They presented Mrs. De Winton with a cut glass and silver liqueur set, as a memento of the occasion.

WHERE TO LEARN FRENCH.

The Rev. Louis Verdier, of the French Protestant Episcopal Church, Shaftesbury Avenue, gives free French lessons at St. George's Church, Bloomsbury, every day at 6 p.m.

M. Serceau, 28, Alfred Place, W., twelve lessons £1 10s. paid in advance.

THE NURSING PROFESSION AND THE BOARD OF TRADE.

THE CITY FINANCIERS AND THE NURSES.

In our last issue we gave a short résumé of the application of the Royal British Nurses' Association made in 1891 to the Board of Trade for incorporation without the word "Limited" and the unconstitutional manner in which the application was refused by the then President of the Board of Trade in best High Tory style. The Privy Council was then applied to for a Royal Charter, which, after a battle royal, was granted to the Association in 1892, and which gives powers to organise nursing education with much greater prestige than any system can do under the Companies Acts—by the Board of Trade—even if the word "Limited" be omitted. That the Royal British Nurses Association never made full use of its privileges is now an oft-told story, to which we need not here refer. What interests us is the fact that in 1905 the Nursing World was astounded to find (then as now) that a few hospital managers and Matrons had privately associated themselves together in support of a Scheme calling itself "The Society for Promoting the Higher Education and Training of Nurses," which emanated primarily from Miss S. A. Swift, the then Matron of Guy's Hospital; the Memorandum and Articles of Association were signed by Lords Rothschild and Revelstoke, and Messrs. E. A. Hambro, S. Hope Morley, C. H. Goschen, Hugh C. Smith, and H. Cosmo C. Bonsor, the Treasurer of Guy's Hospital. These wealthy hospital Governors applied to the Board of Trade for the most absolute power over the Nursing Profession, their professional education, training, examination, discipline, and control, to place the names of nurses on and off a register, conduct a nursing newspaper, calendar, and other publications, accept gifts, acquire property, and raise money, and when thought advisable promote a Royal Charter or Act of Parliament for the purposes of the Society, and do all such lawful things as seemed good in their own judgment.

As can be imagined, this bomb started the nursing profession into instant action. Telegrams flashed north, south, east and west, meetings were hurriedly summoned and resolutions of indignant protest unanimously passed. Lord Rothschild was inundated with letters of a like nature. He, good man, had been informed the scheme was calculated to benefit the nursing profession—to save it, indeed, from wicked democratic disintegration. He had a very rude awakening. Later came the turn of the President of the Board of Trade. Showers of protests crammed his post-bag daily, and finally, when the Comptroller of the Companies Department received the antagonists in battle array at the office of the Board of Trade, Mr. Cosmo Bonsor was the only signatory present!

We reprint the Report of the proceedings in full as the majority of the arguments advanced are apposite to the Stanley Scheme, as projected in

the Circular Letter and might well be used in opposing it.

MEETING AT THE BOARD OF TRADE.

On Friday, May 5th, 1905, the Board of Trade afforded those who had opposed the application of the City Financiers for the Licence of the Board to incorporate as "The Incorporated Society for Promoting the Higher Education of Nurses" an opportunity of stating their objections.

The Societies represented were:—

The British Medical Association, represented by Sir Victor Horsley, Chairman of the Representative Meetings; Mr. Andrew Clark, President of the Council; Dr. Galton, Dr. Langley Browne, and Mr. Whitaker, Medical Secretary.

The British Gynaecological Society, represented by Dr. Bedford Fenwick.

The Midland Medical Society, represented by Dr. Langley Browne.

The Royal College of Surgeons of Ireland, represented by Mr. Swanzy.

The Royal British Nurses' Association, represented by Sir James Crichton Browne, Mr. John Langton, Dr. Bezly Thorne, Dr. Godson, Dr. Comyns Berkeley, and Mrs. Coster, the Nurse Hon. Secretary.

The Society for the State Registration of Trained Nurses, represented by Mrs. Bedford Fenwick and Miss Mollett.

The Matrons' Council, represented by Miss Isla Stewart, President, and Miss M. Breay, Hon. Secretary.

The League of St. Bartholomew's Hospital Nurses, also represented by Miss Isla Stewart, President.

The Scottish Committee for Promoting the State Registration of Trained Nurses, represented by Miss K. Burleigh.

The Irish Nurses' Association, represented by Miss Huxley.

The Registered Nurses' Society, represented by Miss E. J. Hurlston, Miss Calderwood, and Miss Macpherson.

Miss E. C. Barton, Matron Chelsea Infirmary (Metropolitan Infirmary Matrons).

The Central Hospital Council for London, represented by the Hon. Sydney Holland and Mr. Charles Burt.

Miss Mackintosh, Assistant Matron, and another member of the London Hospital Nursing Staff were also present.

Mr. Barnes, Comptroller of the Companies' Department, presided. Mr. Cosmo Bonsor, Treasurer of Guy's, was the only signatory present; and the following promoters: Miss Swift, Matron of Guy's, Miss C. J. Wood, and Sir Henry Burdett.

In opening the proceedings, the Chairman stated that an immense number of objections had been received to the scheme—a pile of these, about a foot high, was on the table at his side—and the President of the Board of Trade thought it only just and right that these objections which appeared so important to those who advanced them

should be heard in detail. At the same time, he thought that there was some misconception as to the powers of the Board. He explained section 23 of the Companies' Act, 1867, under which the Board of Trade could refuse to allow the Society to incorporate without the word limited. This was the Board's only power, as it was open to the promoters to incorporate with the addition of the word limited, or as an unlimited company. They had, however, preferred to apply to the Board for the right to incorporate without the word limited.

Many of the objectors had pointed out the hardship involved to nurses in being placed under the control of the proposed Society. It was, however, purely voluntary and relied on its own merits to induce nurses to join it. No authority would be conferred upon it by the Board. In conclusion, the Chairman stated that a shorthand note of the proceedings would be taken and submitted to Lord Salisbury, the President of the Board of Trade. The opposition were then invited to state their case.

THE ROYAL BRITISH NURSES' ASSOCIATION.

For the Royal British Nurses' Association, Sir James Crichton Browne said that from its inception it had had great aims as to improving the profession of nursing, and would welcome the co-operation of any Society which it considered would help in that good work. It was because the Association was convinced that the Society was injurious to its interests that it appeared in opposition to the application, which appeared both inopportune and a gratuitous and unnecessary encroachment on the work of the Association, not only so, but it was vicious in principle. Two Bills for the Registration of Nurses were now before the House. Had such a measure become law the irresponsible and rival Society would have been strangled in its cradle. Was it expedient that legal status should be given to this Society, whose object appeared to be to steal a march upon the registrationists, so as to obtain, before the legislation which all hoped and believed was inevitable, that status which they could not afterwards hope to gain.

The speaker also drew the attention of the Board of Trade to the reply given to the British Nurses' Association in 1891. He proposed that consideration of the application should be postponed until after the Select Committee of the House of Commons appointed to inquire into the expediency of the Registration of Nurses had reported to the House, and that if the applicants subsequently applied again to the Board of Trade they should, like the Royal British Nurses' Association, be referred to the Privy Council. If this new Society were launched at the present time confusion would be worse confounded, and the British public still more bewildered. Further, its constitution was vicious in principle, and contrary to sound policy. The provisions of the scheme were not easy to understand, being clothed in the verbiage of the Stock Exchange, but it was manifestly an attempt on the part

of a body of laymen to capture and exploit the nursing profession. No doubt they believe the movement was for the benefit of nurses. But what did they know of nursing? With equal knowledge and with equal modesty they might attempt to examine electrical engineers. Such a scheme was not a bit less preposterous than the present one. Unqualified nurses were a great danger to the public, but it would be a still greater danger if unqualified persons were allowed to undertake their examination and control. The signatories were very much mistaken if they thought that nurses would now put themselves exclusively under lay control. Nevertheless, pressure could be brought to bear upon nurses by their training-schools, of which the applicants were liberal supporters, to join the Society, and a kind of stigma might be placed upon them if they did not do so. All of us were liable to err at times. No one was infallible, not even the richest. Nurses did not belong to the feeble-minded section of the community; on the contrary they were intelligent, and increasingly so day by day, and would not in these days put up with unprofessional dictation.

THE CENTRAL HOSPITAL COUNCIL FOR LONDON.

Other members of the R.B.N.A. Deputation having spoken, the Central Hospital Council for London was called upon, when Mr. Charles Burt said that in view of the present proceedings in Parliament the application appeared most out of place. He differed, however, from the former speaker, inasmuch as he thought the consideration of the application should not be postponed, but dealt with immediately. The suggested society would be a close corporation which would not satisfy the nurses, and he was quite sure it would not satisfy the hospitals.

The Hon. Sydney Holland, Chairman of the London Hospital, said that the Central Hospital Council for London objected to the principle of Registration altogether. Registration could not ensure a good nurse; a woman a hundred years old might still be on the Register, and therefore, presumably, still fit to nurse the public. Registration would afford the public a continuing guarantee that a woman was a good nurse, although she might have ceased to be so. The difference between the proposed Registration and that by the State was that the scheme now proposed would probably fail while State Registration would succeed. In relation to a Matron's reference being a necessity for Registration Mr. Holland said such a reference would be perfunctory; thus, at the London Hospital if they had anyone not particularly good they could shunt her on to the R.B.N.A. (Shame.) What, asked the speaker, did Lord Rothschild know about nursing? Where were the nursing authorities? All the signatories to the Memorandum were laymen with the exception of Mr. Cosmo Bonsor, who as Treasurer of Guy's knew something of nursing. Mr. Bonsor here repudiated all such knowledge; he "knew nothing." "Then heaven help the

thing," said Mr. Holland. "I thought that at least you did know something."

THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

Mr. Swanzy said he spoke as Vice-President of the Royal College of Surgeons of Ireland. The full control of the proposed Society was vested in seven laymen, not in the nurses themselves; but nurses should govern themselves, and nurses and the medical profession should be directly and largely represented, any other system would be intolerable and contrary to precedent in other professions. Modern nursing owed its high standard almost entirely to women. Further, nurses should have control of the money they themselves contributed. One mode of Registration, on a sound basis, would be acceptable to Ireland, but the present suggestion was absolutely unsound.

THE BRITISH MEDICAL ASSOCIATION.

Sir Victor Horsley, on behalf of the British Medical Association, said that he and his colleagues had given time to come there that day because of the question of principle involved. The time had long gone by for private societies to carry out State purposes.

He had to report that the last Annual Representative Meeting of the British Medical Association passed a resolution in favour of the principle of State Registration. That meeting was strongly of opinion that medical practitioners felt the need of a system of State Registration for Nurses. The medical profession would only, however, accept State Registration, not a pseudo scheme. There was no representation of medical practitioners and nurses of any kind whatever.

The medical profession was strongly opposed to the application of the proposed Society, and objected to its incorporation under any circumstances whatever. They were absolutely with the R.B.N.A. as to the infringement of its Charter. The medical profession was acting in the public interest in supporting State Registration. It felt that Registration by the State would afford the public a guarantee of the training a nurse had received. Also, nurses themselves had been hardly used, and State Registration would for them be a measure of justice.

THE MIDLAND MEDICAL SOCIETY.

Other members of the deputation having spoken, Dr. Langley Browne, who also represented the Midland Medical Society, said that it was only those who lived in the provinces who were really able to realise the danger of untrained nurses. In the provinces, nurses were frequently sent out by companies, and the only remedy for the maintenance of professional, as apart from commercial, standards, was by their registration by the State. The present scheme was an attempt to make another corner in nurses on a larger scale. Lawyers, doctors, and even the clergy managed their own affairs, and the most acceptable method of organisation for nurses would be a well-considered measure of State Registration.

THE MATRONS' COUNCIL AND THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

Miss Isla Stewart, on behalf of the Matrons' Council and the League of St. Bartholomew's Hospital Nurses, said that those whom she represented considered that the government of nurses should be largely in their own hands.

When the intentions of the City Financiers were made public, the Matrons' Council and the Society for the State Registration of Trained Nurses conjointly convened a public meeting, held at 20, Hanover Square, when resolutions, emphatically protesting against the attempt of the Signatories to the Memorandum of the proposed Society to obtain control over nurses were passed.

The reasons why the Societies which she represented objected were that the signatories were gentlemen who had no expert knowledge of nursing and that no provision was made for the direct representation of nurses on its Governing Body. They were of opinion that the powers sought for could not be usefully or successfully exercised except by a body composed of professional persons, upon which trained nurses had direct and sufficient representation.

The Government of the Nursing Profession was not a philanthropic scheme. There were large numbers of nurses, fully-trained, competent to carry out the necessary work, and to defray their own expenses.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Mrs. Bedford Fenwick said:—

I have been deputed to represent the Society for the State Registration of Trained Nurses, which numbers upwards of 1,500 Matrons and nurses, and the object of which is "To obtain an Act of Parliament providing for the Legal Registration of Trained Nurses," to place before the Board of Trade the reasons which appear to the Society to be of the utmost importance why its licence should not be granted to the signatories of "The Incorporated Society for Promoting the Higher Education and Training of Nurses," which aims at instituting a voluntary system of Registration of nurses.

1. There is not amongst the signatories making application for powers, which, if granted, would involve questions affecting the education, examination, certification, registration, discipline, and control of trained nurses, the name of one medical practitioner, hospital Matron, or trained nurse. We submit that no laymen can determine, and should not, therefore, be granted powers to determine, questions involving technical and highly-specialised professional matters, a principle recognised in connection with all professions.

2. Although the Articles of Association provide that the Council, or Governing Body, shall consist of physicians, surgeons, and trained nurses, the Articles make no definite provision as to the numbers of each profession, nor that the nursing members should be directly elected by the nurses whom they are to govern. My Society regards

this principle as absolutely essential, both to the safety of the individual nurse and to the success of any scheme of professional government, and in the Nurses' Registration Bill promoted by the Society which I have the honour to represent, it will be observed that the General Nursing Council, or governing body, is largely composed of Direct Representatives, elected by the registered nurses themselves.

3. In connection with the maintenance of a Register of Nurses, the new Society seeks power "to remove from such Register the name or names of any person or persons as the Society may in its discretion think proper." It is submitted that such powers involving the professional ruin of a trained nurse should not be exercised at the sole discretion of any Society, but only after the person concerned has been *proved* guilty of serious misconduct, and has had an opportunity of being heard in her own defence, either personally or through her legal adviser, for which no provision is made in the Memorandum or Articles of Association. It is noteworthy that a quorum of three, or at an adjourned meeting of the Council, of two, could exercise this most arbitrary and dangerous power.

4. In the opinion of this Society the question of the organisation of Nursing by State Registration has passed out of the realm of experiment; voluntary measures have been tried and have failed, even under Royal patronage and high professional auspices. Organisation and Registration under State authority was recommended by the late Sir Henry Acland, Regius Professor of Medicine in the University of Oxford, as far back as the year 1874, and for twenty years trained nurses have been working to this end, and there is now a considerable force of medical, nursing, and public opinion in favour of an Act of Parliament to place nursing education on a definite and sound theoretical and practical basis, under the control of a representative Nursing Council. Two Bills with this object have been introduced into the House of Commons this Session, promoted respectively by this Society and the Royal British Nurses' Association. As the result of the interest aroused in this proposed legislation for nurses, a Select Committee on Nursing of the House of Commons was appointed by the Government last Session to consider and report on the whole matter, and is continuing its inquiry this Session. The whole question of the organisation of Nursing is thus *sub-judice*. It is, therefore, submitted that the application of the new Society for incorporation by the Board of Trade is most inopportune, and that it would cause great and needless confusion if legal authority were conferred on any body of unprofessional persons, empowering them to deal with the important questions which are now under the consideration of Parliament.

5. Acts of Parliament for the Registration of Nurses have already been passed in several British colonies—

1. Under the Medical and Pharmacy Acts, Cape of Good Hope, 1881

2. Under the Medical and Pharmacy Acts, Natal, 1899.

3. Under Nurses' Registration Bill, New Zealand, 1901.

4. Several Acts providing for the Registration of Trained Nurses have been passed in the United States in—North Carolina, 1903; New York, 1903; New Jersey, 1903; Virginia, 1903; Maryland, 1904; California and Indiana, 1905.

The nurses in many other States are agitating for similar legislation. It is officially reported that State Registration of Nurses is proving, as anticipated, of great benefit to the public, to the medical profession, and to the nurses themselves.

6. We therefore submit that the interests involved in the organisation, control, and discipline of nurses, affecting as they do every class in the community, are too serious and complex to be effectively dealt with except by a Representative Board possessing authority conferred by Act of Parliament.

7. This Society of Matrons and nurses, therefore, most respectfully petitions the Board of Trade to refuse the application for Incorporation of the Signatories to the Memorandum of Association of "The Incorporated Society for Promoting the Higher Education and Training of Nurses."

Mrs. Fenwick further said she would like to point out that the Central Hospital Council for London was composed of managers of the great hospitals, the nurses had no representation upon it. She entirely agreed with Sir James Crichton Browne as to the ulterior influence which must inevitably be exercised by the millionaire signatories if this scheme were sanctioned. It was quite preposterous to suppose that nurses could assume an independent position and stand out against it. Those interested were most generous supporters of hospitals; some of them had seats on the Central Hospital Council, the Council of the King's Fund, the Royal National Pension Fund for Nurses, the Hospital Sunday Fund, and, no doubt, the Saturday Fund. If they pushed the scheme, was it possible for the nurses to take an independent position?

In regard to finance, the nurses were given no voice in the expenditure of the funds which they subscribed. Nurses desired to defray their own expenses and to control their own expenditure.

THE BRITISH GYNÆCOLOGICAL SOCIETY.

Dr. Bedford Fenwick said that he had been requested by the Council of the British Gynecological Society to represent it on this occasion. Much that he desired to say had been so excellently said by previous speakers that he would confine his remarks chiefly to the special points alluded to by the Chairman. He desired, then, to call attention to the fact that there existed a most important precedent with regard to this particular application for the licence of the Board of Trade. In February, 1891, the Royal British Nurses' Association applied to the Board for their licence, under the 23rd Section of the Companies

Act of 1867. The Association was composed of more than 3,000 leading medical men and nurses. It only desired incorporation in order to be able to take over and administer important trust funds. It did not seek nor desire any such wide powers of interference with hospitals and control over nurses as this proposed Society desired. Moreover, her late Majesty, Queen Victoria, had conferred upon the Association the title of "Royal," and it was legally advised, therefore, that it could not add the word "Limited" to its name. It not only complied in every particular with the provisions of the special section, but it certainly appeared to have very special claims to be accorded the licence of the Board. But the Association had for some years been carrying on a voluntary Register of Nurses, and on this ground, and this alone, a number of the hospitals objected to the licence of the Board of Trade being given to it. The Association was called upon to advertise its application, and did so on April 16th, 1891, notice being given that any objections to the application must be sent in to the Board of Trade on or before May 16th. On May 6th, that is to say ten days before the allotted period expired, the Board of Trade wrote as follows:—

"The Board of Trade have received a large number of communications from bodies of persons whose interest in hospital nursing is unquestionable, and whose experience entitles them to speak with authority, strongly objecting to the issue of a licence. After careful consideration of the objects of the Association, and of the representations made in opposition thereto, the Board of Trade are unable to satisfy themselves that the means which the Association propose to adopt are either adequate to carry out their objects satisfactorily, or so free from objection as to warrant the Board of Trade in the issue of a licence; and under these circumstances they are unable to accede to the application."

That decision of the Board was widely published, and it has been frequently quoted since. Probably the real reason why this new Society has applied to the Board for its licence was because, if granted, it would be held to confer a great prestige and authority upon the Society, and it would certainly be strongly urged "that the licence had been granted because the Board had been able to satisfy themselves that the means which the Society proposed to adopt were adequate to carry out their objects satisfactorily, and so free from objection as to warrant the Board of Trade in the issue of a licence." It was earnestly hoped, however, that what had been said that day would convince the Board that such a statement could not be upheld, and therefore, that the Board would refuse its licence. But there was another point in connection with the same matter of which Dr. Fenwick desired to remind the Board. When the Royal British Nurses' Association was refused its licence questions were asked in Parliament on the matter, and the then President of the Board of Trade, Sir Michael Hicks-Beach, consented to have an interview with three members of the

Association, the late Sir William Savory, Mr. Brudenell Carter, and Dr. Bedford Fenwick. He discussed the whole matter with them, and finally said that he must define his own position in the matter, which he did as follows:—

"The invariable custom of the Board in these matters was to direct the application for a licence to be advertised, and then, if there were any serious opposition, to decline the application. In a matter like this, the Board was not competent to judge between the two parties, and did not profess to judge, which was right; but if there were any influential opposition, the Board simply declined to give the licence." Dr. Fenwick was quite content to leave this matter to be settled according to the "invariable custom of the Board," because the Chairman himself had informed them as to the "immense opposition" which had been expressed to the objects of the new Society.

As representing the British Gynaecological Society it was his duty to state that that Society had felt itself compelled, by the great and growing need for increased efficiency on the part of nurses engaged in monthly nursing, or in attendance upon women suffering from diseases peculiar to the sex, to institute examinations for nurses in those subjects. Those examinations had been very successful, had greatly increased the interest taken by nurses in these subjects, and would undoubtedly tend to improve the conditions of such special training. The Medico-Psychological Association had started similar examinations for nurses engaged in attendance on the insane, and with remarkably beneficial results. The new Society proposed to commence similar courses of examination on special subjects, and on behalf of the British Gynaecological Society he entered the most serious protest against any sanction being given by a great Government Department to such proposals on the part of entirely unprofessional people. Order was now being slowly evolved out of chaos in the nursing world, and Dr. Fenwick expressed his firm conviction from an intimate knowledge of the subject that the proposals of the new Society were retrograde and dangerous to every interest concerned, would materially interfere with and injure the reforms which were now being made, and would tend to create great confusion in educational matters in which, for the sake of the sick and of nurses themselves, it was essential that the improvements now being made should continue and extend.

IRISH NURSES' ASSOCIATION.

Miss Huxley, representing the Irish Nurses' Association, said that she entirely agreed with the previous speakers. She pointed out that although the scheme was supposed to apply to Ireland the Irish nurses had not in any way been consulted, nor, so far as she was aware, had notice of the application been inserted in any Irish daily paper or in any nursing paper.

THE REPLY.

Mr. Cosmo Bonsor, who showed great good humour throughout the proceedings, and on

whom rested the onus of defending the Financiers Scheme, made a good-natured but not very forcible reply to the objections which had been raised. He thanked the Board of Trade for the hearing accorded to those present.

Dealing with the first objection, that the scheme was promoted by seven gentlemen of the City of London who knew nothing of nursing, he said that as hospital managers these gentlemen took the greatest interest in nurses. Taking that interest, they had been approached by trained ladies and asked to undertake the formation of a company. As business men they were competent in one particular. They know how to mind their own business, and not to interfere.

The Council would consist of trained nurses and medical men, and the moment it was formed the promoters would go into the background. They were not opposed to State Registration. On that point they were neutral. If Parliament in its wisdom passed a Nurses' Registration Act, they would be only too pleased to hand over their work to the State.

They hoped to set up the machinery which would eventually lead to State Registration. The time was not yet opportune to go to Parliament for this reform.

Mr. Holland asked for the names of the Matrons who were supporting the scheme. Beyond those of Miss Swift, Matron of Guy's, and Miss C. J. Wood, he could obtain none. They would, Mr. Bonsor said, be announced when the signatories had obtained their certificate from the Board of Trade.

Mr. Holland appealed to the Chair to know if the opposition were not entitled, as a matter of right, to know the names of the Matrons who were supporters of the scheme. Was it not of importance that they should be made public before, and not after, the Board had given its decision?

The whole united nursing world, as well as the medical profession, were against the scheme. No one was for it.

The Chairman replied that Mr. Holland could ask Mr. Bonsor for information, but he had no means of compelling him to reply. Mr. Bonsor remained obdurate, and the names were not disclosed.

In conclusion, the Chairman thanked all present for coming there. He assured them that their time had not been wasted. A shorthand note of the proceedings had been taken, and would be very carefully read by Lord Salisbury, President of the Board of Trade.

THE DECISION.

In a letter from the Board of Trade, dated June 7th, 1905, the objectors were informed that the promoters of the proposal had requested that the consideration of their application might be deferred until the Bills before Parliament for the Registration of Nurses had been disposed of, and that the consideration of the application would accordingly stand over.

That reason still holds good.

EIHEL G. FENWICK.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The Annual Meeting of the Matrons' Council of Great Britain and Ireland was held at 431, Oxford Street, London, W., on Friday, January 21st, Miss M. Heather-Bigg, President, in the chair.

There was a large attendance of members, so much so that the capacity of the room was strained to its utmost extent.

APPLICATIONS FOR MEMBERSHIP.

Applications from the following ladies were considered and accepted:—

- Miss Mary Carruthers, Matron, Southern War Hospital, Dartford, Kent.
- Miss Mary Isabel Stones, Matron, General Hospital, Hertford.
- Miss Emily Julia Hurlston, Matron, Hanover Park V.A.D. Hospital.
- Miss Fanny Parker Spann, Matron, Township Infirmary, Beckett Street, Leeds.
- Miss Jessie F. Mackenzie, R.N., Matron, Provincial Royal Jubilee Hospital, Victoria, B.C., Canada.
- Miss Sophia Janet Wood, Superintendent, Somerset County Nursing Association, and Inspector of Midwives.

HON. TREASURER'S REPORT.

The Hon. Treasurer, Mrs. Walter Spencer, presented a very satisfactory financial statement, showing a balance in hand of £16 11s. 9d.

The Hon. Secretary, Miss A. E. Hulme, then presented her report of the year's work, and also Miss Mollett's report as Delegate to the Annual Meeting of the National Council of Women, when a Resolution in support of State Registration of Trained Nurses was carried by hundreds of delegates, only three or four voting against it.

The re-election of the Hon. Treasurer and Secretary was then formally proposed and carried by acclamation.

The President then said that the officers of the Council would be glad to have the views of the members on the Circular Letter issued by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee.

Miss E. M. Musson, one of the delegates of the Council on the Central Committee for State Registration of Nurses, made a concise report on the proceedings at its meeting on January 15th. Mrs. Fenwick, Miss Barton and others also spoke.

A MEETING OF NURSES.

It was agreed to recommend that a Meeting of Members of the National Council of Nurses

be summoned in London at an early date, to consider Mr. Stanley's Circular Letter, and take such action thereon as was considered desirable. The Matrons present were of opinion that as the scheme had been drafted without consultation with trained nurses in favour of the organization of their profession by Act of Parliament, that the whole case which affected them so intimately should be submitted to their consideration.

The meeting then terminated and tea was served, and animated and informal discussion took place until the meeting of the National Council was called to order.

ANNIE E. HULME,

Hon. Secretary.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

At a special meeting of the National Council of Trained Nurses, held at 431, Oxford Street, London, W., at the conclusion of the Matrons' Council meeting on Friday, January 21st, the following resolution, proposed by the President, Mrs. Bedford Fenwick, was carried enthusiastically and unanimously:—

RESOLUTION.

"The National Council of Trained Nurses of Great Britain and Ireland desires to place on record its ardent gratitude to the sailors and soldiers of the British Empire for the glorious valour with which they are defending human liberty against barbarism, and its conviction that victory is assured to the arms inspired by moral force.

"The National Council is also deeply sensible of the privilege enjoyed by many of its members in tending the sick and wounded in this sacred struggle, and thus, in helping to restore them to health, giving practical expression to their own patriotism."

The interesting reports of Miss Hulme and Miss Kent on the San Francisco Conference, and Miss Kent's delightful Lecture on their travels are unavoidably held over until next week.

THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The Winter General Meeting of the League of St. Bartholomew's Hospital Nurses was held in the Clinical Theatre at the hospital on Saturday last.

The President, Miss Cox Davies, R.R.C., was warmly applauded on entering the theatre, and before the minutes were read Mrs. Lancelot Andrews said that it was her pleasant duty to offer to the President the heartiest congratulations

of the League on having gained a much coveted honour, and been awarded the Royal Red Cross. The League rejoiced that she had attained that coveted distinction; they rejoiced more because it was a tribute to work well done. Mrs. Andrews said that speaking as an old "dug out" she felt the "call of the wild" at this time and she thought of those in the heyday of life and energy, fully equipped with knowledge, giving faithful service in their everyday life. She offered them congratulation also; and she hugged the belief that such members of the League had helped to win Miss Cox-Davies' honour. In offering her its congratulations she echoed the proud and affectionate acclamations of all its 800 members.

Miss Cox Davies, in thanking Mrs. Andrews, said that she valued the congratulations of the League more than any she had had. There was one little bit in her speech with which she was in hearty accord. What had been awarded to her belonged to all. It was an honour to the hospital of which she was Principal Matron, and if it were possible to let out her Red Cross so that everyone might wear it in turn she would love to. It would have been absolutely impossible for the hospital to have won distinction, but for the two Matrons, and the Sisters, they had all been splendid. The work had often been dull and monotonous, but they had stuck to it and gone on without grumbles. She thanked those present for their congratulations and a hundred times more she thanked the members for their work through the year.

The President then moved from the Chair a vote of condolence with the relatives of the late Miss Maude Buckingham. She had had a brilliant career, and her work in Birmingham was much valued. She died in harness as she would have wished, as the President of the League had died. The War Hospital of which she was Matron at the time of her death had been wonderfully organised and admirably worked. The motion was carried in silence, the members standing.

The next pleasant duty of the League was to congratulate the members who have been mentioned in despatches, and in the New Year's Honours List.

A FEW EXPERIENCES OF A P.M.

The League then had the pleasure of hearing from Miss E. M. Musson, R.R.C., Principal Matron of the First Southern General Hospital, who received an ovation as she stepped on to the platform, some account of Territorial Nursing in the Midlands or, as she preferred to say, she would tell the League a few experiences of a P.M.

The Midlands, said Miss Musson, were a vague place, no one quite knew where they began or ended, but at any rate Birmingham was the capital, and the first Southern General Hospital was located in its New University. She graphically described the mobilisation of the Nursing Staff who reported for duty on August 12th, 1914, and the conversion of a building, much of which was filled with enormous machinery, into an up-to-date hospital. She was sorry for professors who were away on

leave whose papers were seized and deposited in the basement. The week was a very busy one. Everyone came to the General Hospital for information; there arrived telephones, telegrams, despatches, nurses from all round, and everyone from factory girls upwards wanted to nurse; the ground floor corridor had a queue like that of a theatre. The last straw was when she was rung up on the outside telephone to find that she was expected to explain how to make a shirt for a soldier to someone who had never made one.

In addition to the hospital in the University at Bournebrook, which at first had 520 beds and now 1,040, it had been found necessary in connection with the territorial organization to open an Out-patient Department in the centre of the city, where men coming home to Birmingham on leave, and needing dressings and massage, could be treated; this had been secured at the Children's Hospital; then the big Poor Law Infirmary, at Dudley Road, with 1,560 beds, and its nursing staff, had been taken over. There was the anomaly here that the poor law probationers, perhaps in their third year, were being paid less than the V.A.D. workers with no previous training, who received £20 a year. A strong protest to the Local Government Board had resulted in this being rectified. Next, the Stourbridge Infirmary, with accommodation for 300—and now 400—beds was secured. The only official taken over here was the workhouse master, who made an excellent quartermaster.

The Council Schools at Selly Park and King's Heath were then adapted, and made excellent hospitals, but, unfortunately, they were in localities where it was difficult to find any places for the nurses to live in, and when the houses were found the drainage systems would not stand the number of baths required; however, all these difficulties were eventually overcome.

No description of the work would be complete without mention of the Lady Mayoress's Depôt. When the hospital was mobilised, the Needlework Guilds of Warwickshire and Worcestershire redeemed their promise to provide it with necessary garments; then, sensible people remembered the waste during the South African campaign, and a meeting was called by the Lady Mayoress to deal with patterns and materials. The General Hospital patterns were supplied, and standard ones cut by a tailor in the city. A list is put up in the Depôt of what garments are needed, and, indeed, whenever she needs anything—even lounge chairs, cushions, and tobacco—Miss Musson said that she sends to the Lady Mayoress's Depôt and it is supplied.

AIR RAIDS.

A most interesting and amusing paper was read by Miss Bryan, on "Air Raids, and the Work of the National Guard," which was greeted with irrepressible laughter, which it would have done the Kaiser good to hear.

In the Nurses' Home, where the members adjourned for tea, there was a splendid show of gifts for the Territorial Hospital at Camberwell.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The Hon. Secretary of the Society for the State Registration of Trained Nurses, from whom a large number of Forms of Application for Membership have been requisitioned since the issue of the Stanley Circular, desires to inform trained nurses wishing to join the Society at this crisis, that they will find a form on page viii, in this week's issue of THE BRITISH JOURNAL OF NURSING. Every trained nurse who aspires to rank as a qualified professional woman, as her colleagues in many of our Dominions and the United States do, should come out courageously and take her stand for legal status by Act of Parliament. Any voluntary system of organization for the Nursing Profession at this period of its history is quite useless to effect any real reform or the protection of the public.

The President of the Society for the State Registration of Trained Nurses acknowledges with many thanks the following donations:—Mrs. Lancelot Andrews, £1 1s.; Miss M. Winmill, 10s.; Miss E. M. Cancellor, 10s.; Miss F. E. Marquardt, 10s.; Miss A. M. Bushby, 10s.; Miss G. R. Hale, 10s.; Miss M. Lord, 10s.; Miss M. Lloyd, 5s.; Miss C. A. Barling, 5s.; Miss Elma Smith, 5s.; Mrs. Bridges, 5s.; Miss A. Smith, 5s.; Miss Helen Todd, 5s.; Miss E. M. Waind, 2s. 6d.; Miss Lee Smith, 2s. 6d.; Miss L. W. Holford, 2s.; Miss F. K. Alexander, 2s.; Miss Mary E. Barron, 2s.; Miss C. M. McCarthy, 1s. 6d.; Miss J. Macdonald, 1s. 6d.

THE SCOTTISH NURSES' ASSOCIATION.

The Annual Meeting of the Scottish Nurses' Association is being held in Glasgow on Thursday this week. The President, Mrs. Strong, formerly Matron of the Royal Infirmary, Glasgow, and the pioneer of preliminary education for nurses, writes in reference to the Hon. Arthur Stanley's Circular Letter:—

"A very strong protest is needed against introducing any further complications into our nursing politics; chaos abounds as it is, and a Voluntary College would be one more difficulty to contend against. Nothing less than a State-controlled curriculum, with its attendant exams. to qualify for a Diploma, will suffice. Those who think we wish to exclude the unqualified from practising are labouring under a delusion: it is classification we want, to enable the public to distinguish for themselves, and to ensure to them the services of a trained nurse, if they are willing to pay for such, and if not, they can make their own terms with the unqualified. The qualified nurse needs protection, and to be 'Hall marked.' This can only come through the State."

APPOINTMENTS.

MATRON.

Grimsby and District Hospital, Grimsby.—Miss A. C. Rastch has been appointed Matron. She was trained at the Sheffield Royal Hospital, where she has held the positions of Out-patient Sister, Night Sister and Theatre Sister, and for the last two years has been Matron of the Victoria Hospital, Richmond, Yorkshire.

Turner Memorial Hospital, Keith.—Miss Mary Clark has been appointed Matron. She was trained at the Kilmarnock Infirmary and has been Matron of the Deer District Infectious Diseases Hospital, Strichen, and has also had experience of private nursing.

Bealey Memorial Convalescent Hospital, Radcliffe, Manchester.—Mrs. B. Kirkland has been appointed Matron. Since training she has held several positions, and for the past five years and eight months has been Matron of the Penistone District Isolation Hospital.

NURSE-MATRON.

Carnarvonshire and Anglesey Infirmary, Bangor.—Miss E. Rees has been appointed Nurse-Matron. She was trained at Stanley Hospital, Liverpool, and has held positions at Harrogate Infirmary, Bangor County Infirmary, and West Cumberland Infirmary, Whitehaven.

NIGHT SISTER.

Royal Victoria and West Hants Hospital, Boscombe, Bournemouth.—Miss C. Gwynne has been appointed Night Sister. She was trained at the Birmingham and Midland Hospital, and has held the position of Sister at the General Hospital, Tunbridge Wells.

SISTER.

Royal South Hants and Southampton Hospital, Southampton.—Miss E. G. Badman has been appointed Sister. She was trained at the Erdington Infirmary, Birmingham, and has held the position of Nurse at the Borough Hospital, Plymouth, and the Milton Hospital, Portsmouth, and has done Sister's holiday duty at the Erdington Infirmary. She holds certificates in Fever Nursing and Sick Room Cookery, and is a Certified Midwife.

HEAD NURSE.

Holbeck Union.—Miss Margaret Williams has been appointed Head Nurse. She was trained at the City and County Infirmary, Londonderry, where she has held the positions of Charge Nurse, Night Superintendent, and Midwife.

CHARGE NURSE.

Booth Hall Infirmary, Manchester Union.—The following have been appointed Charge Nurses:—

Miss E. Felton, trained Brownlow Hill Infirmary, Liverpool, where she was Ward Sister, Theatre Sister, and Night Superintendent. She holds the certificate of the Central Midwives Board.

Miss Annie Roberts, trained at the Brownlow Hill Infirmary, Liverpool. She holds the certificate of the Central Midwives Board.

Miss Eva M. Rhodes, trained at the Beckett Street Infirmary, Leeds. She was Staff Nurse and temporary Sister at Whipps Cross Infirmary, Leytonstone, and Nursing Sister at Brook War Hospital, Woolwich.

PRESENTATIONS.

On the occasion of her leaving the district of Obbe, Nurse Grant has been presented with a purse of sovereigns as a mark of the high esteem in which she is held. In connection with the Highlands and Islands Medical Service in Harris it was only possible, owing to the war, to appoint one doctor for the whole parish. He is resident at Tarbert, and it was therefore necessary, in the absence of a doctor, to appoint a fully qualified nurse. The appointment of Nurse Grant proved a great success, and she has spared neither time nor trouble in caring for her patients.

HONOURS FOR NURSES.

At the weekly meeting of the Belfast Board of Guardians, on January 18th, the Chairman of the Board (Mr. James Williamson, J.P.) presented medals of gold, silver, and bronze to the three nurses who had obtained the highest marks in the annual examinations. These medals were given by Mr. John Wilson, Mr. D. W. Elliott, and Miss F. F. Clark, a lady Guardian. The gold medal was won by Miss B. Nolan, the silver medal by Miss Julia Nangle, and the bronze medal by Miss Elizabeth Fletcher. The Chairman, in congratulating the recipients on their success, added that there were no fewer than 120 nurses who had been trained in that institution who were at present on active service in the different war areas. The statement was received with applause, and it was suggested that a roll of honour should be compiled and placed in the Nurses' Home.

Miss Howlett, Superintendent, thanked the Chairman and the donors of the medals on behalf of the recipients and the nursing staff.

NATIONAL UNION OF TRAINED NURSES.

The following appointments have been made through the N.U.T.N.:—

Maternity and Medical Relief Expedition for Refugees in Russia.—Miss Hutchinson (Sanitary Officer).

Cirencester Red Cross Hospital.—Miss L. Atkinson (Sister, temporary), and Miss McGregor (Theatre Sister).

Exeter V.A.D. Hospital.—Miss Denham (Sister), and Miss K. A. Williams (Sister).

Harrow Red Cross Hospital.—Miss K. M. Seldon (Staff Nurse).

Linden Hall, Northumberland.—Miss Coombes (Night Sister).

Monmouth Red Cross Hospital.—Miss M. M. Milne (Staff Nurse).

Rickmansworth Convalescent Home.—Miss C. L. Owen (Matron).

Suffolk Hospital, Bury St. Edmunds.—Miss K. Barry (Staff Nurse, temporary) and Miss Beckisele (Staff Nurse).

NURSING ECHOES.

A memorial fund is to be raised to perpetuate the memory of the late Lieut.-Colonel J. H. Dauber, R.A.M.C., in command of the East Anglian Clearing Hospital, who lost his life in the sinking of the transport ship *Royal Edward*, on her way to the Dardanelles, in September last. It is hoped to raise £250, and as Dr. Dauber was for many years lecturer to the nursing staff at the Soho Hospital for Women, and the training of the nurses on the theoretical side of their work was entrusted entirely to him, it has been decided to institute a fund to be called "The Dr. Dauber Memorial Nurses' Prize Fund," the income to be applied yearly in distributing prizes to the members of the nursing staff of that hospital. Donations should be sent to the secretary, Mr. Alfred Hayward, Hospital for Women, Soho Square, London, W.

The new regulations in connection with the registration of massage establishments under the London County Council General Powers Act, 1915, passed on October 28th, come into force on Tuesday next, February 1st. On and after that date no person can carry on a massage establishment in the County of London unless the name of the person and the premises are registered with the London County Council, or, in the case of the City of London, with the Corporation. The same applies to Lying-in Homes.

At a recent meeting of the Council of the Association of Poor Law Unions, the General Purposes Committee reported that they had had under consideration a letter from the Stockport Guardians drawing attention to the difficulty experienced by many poor law authorities in retaining the service of members of their nursing staffs owing to their frequent transference to military hospitals. The Stockport Board suggested that the military authorities should decline to engage nurses for work in military hospitals who had, within a period of three months, been employed in a poor law institution, and also pointed out that in order to meet the situation some Boards of Guardians had obtained official sanction for the payment of increased salaries. The General Purposes Committee did not feel justified in recommending competition with the military authorities as to salaries, or in preventing the employment by the military authorities of nurses not under contract with Guardians. It is difficult indeed to see how such an interference with the liberty of the subject could be enforced. The report of the committee was confirmed by the Council.

A movement is on foot, inaugurated at a private meeting addressed by the Duchess of Devonshire at Chesterfield, to move the headquarters of the Derby Nursing Association to Chesterfield, with the object of organizing the nursing in the north-eastern portion of Derbyshire on more effective lines. The General Secretary of the Chesterfield District Medical Association, referring to this at the annual meeting, said that the Association felt they should have the first call on one of the nurses. They felt they should not themselves endeavour to control nurses, but believed that through a nursing association such control would be exercised.

The 27th annual report of the Council of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses states that Scottish Queen's nurses to the number of 147 have been called up for "active service." Thirty-five of this number are engaged in service in France, Malta, Serbia, or Egypt; 90 are serving in military hospitals in the homeland, and others are attached to hospitals under the Red Cross or other agencies. From the foregoing statement it will be gathered that the work at home has been necessarily curtailed. The regular work in many districts has only been overtaken with considerable difficulty, and in some instances, owing to the impossibility of finding adequate help, has been temporarily suspended. It is largely due to the courage and devotion of the nurses themselves that the work has not suffered more severely. The Council have pleasure in recording that throughout Scotland the whole staff of nurses have given ungrudgingly of their strength and services to ensure that the dependants of the men at the front, and the sick poor generally, shall in no way suffer through lack of necessary nursing attention. During the year, 37 nurses have successfully passed through the six months' training in district nursing given in the Scottish Central District Training Home. In addition, 6 nurses have been given the special training qualifying them for the examination of the Central Midwives' Board, which they have all passed successfully. The number of Scottish Queen's nurses now on the roll is 413.

The Committee selected under the auspices of the *Matin*, and presided over by M. Painlevé, Minister of Public Instruction, has chosen as the site for the monument to be erected to the memory of Miss Cavell the corner of the wall of the Tuileries Gardens, where the Place Concorde meets the rue de Rivoli.

SOCIAL SERVICE.

"THE HOUSE ON HENRY STREET."

(Concluded from page 79.)

An interesting chapter in the book under consideration deals with "Youth" and Trades Unions." Miss Wald writes: "The portrayal of youth in a neighbourhood such as ours cannot be dissociated from labour conditions." In the early nineties nothing in the experience or education of young people, not in labour circles, prepared them to understand the movement among working people for labour organization, therefore, in the early days in the Jefferson flat the pleasure of the two friends was mingled with consternation when they found that the object of a call from the daughter of a neighbour was that she wished aid in organizing a trade union. She spoke without bitterness of the troubles of her shop mates and tried to show why they thought a union would bring them relief. "We soon learned," says Miss Wald, "that one great objection to the organization of young women in the trades was a fear on their part that it would be considered 'unladylike' and might even militate against marriage."

After consulting the library for academic information on the subject of trades unions Miss Wald was interested to find that the argument employed by the cigar maker who was trying to help the girls was that of the text books, namely, that "collective power might be employed to insure justice for the individual himself powerless." Later when they moved to Henry Street, Minnie, who lived in the next block, enlisted their sympathy in her efforts to organize the girls in her trade. "She based her arguments for shorter hours on their need of time to acquire knowledge

of housekeeping and home-making before marriage and motherhood came to them, touching instinctively a fundamental argument against excessive hours for women."

Minnie was invited to a conference of philanthropists on methods for improving the condition of working girls. When her turn came she spoke with no uncertain sound: "We are in the hands of the boss. What does he care for us? I say, let our hands be for him and our heads for ourselves. We must work for bread now, but we must think of our future homes. What time has a working girl to make ready for this? We never

see a meal prepared. For all we know, soup grows on trees."

In 1911 after the tragedy of a disastrous fire in the factory of the Triangle Waist Company, when one hundred and forty three girls, locked in lofts by the owners, were burned, or leaped from windows to their death, a meeting of citizens was held in the Metropolitan Opera House. A young cap maker who had previously tried to organize a union in her trade to protest against bad shop conditions and petty tyrannies, "stood at the edge of the great opera house stage, and in a voice hardly raised—though it reached every person in that vast audience, arraigned society for regarding human life so cheaply. No one could have been insensitive to her cry for justice,

her anguish over the youth so ruthlessly destroyed; and there must have been many in that audience for whom ever after the little brown-clad figure with the tragic voice symbolized the factory girl in the lofts high above the streets of an indifferent metropolis."

"In these chapters," says Miss Wald, "I have sought to portray the youth of our neighbourhood at its more conscious and responsible period, when the age of greatest incorrigibility (said to be between thirteen and sixteen) has been passed. Labour discussions and solemn conferences on



AT ELLIS ISLAND
THERE IS A STREAM OF INFLOWING LIFE.

social problems may seem an incongruous background for a picture of youth. Happily, its gaiety is not easily suppressed, and comforting reassurance lies in the fact that recreation has ever for the young its strong and legitimate appeal; that art and music carry their message, and that the public conscience which recognizes the requirements of youth is reflected in the increasing provision for its pleasures. 'Wider use of school buildings,' 'recreation directors,' 'social centres,' 'municipal dances,' are new terms that have crept into our vocabularies."

In connection with the social life of the workers "Public balls are," says Miss Wald, "the most common way of making money for a desired end. Sometimes ephemeral organizations are created to 'run' them and divide the profits that may accrue.

"At other times, like the fashionable 'Charity' balls, the object is to raise money for a beneficent purpose. It required some readjustment of the ordinary association of ideas to purchase without comment the tickets offered at the door of the Settlement for a 'grand ball,' the proceeds of which were to provide a tombstone for a departed friend."

In an interesting chapter on "Friends of Russian Freedom," Miss Wald writes: "If spiritual force implies the power to lift the individual out of the contemplation of his own interests into something great and of ultimate value to the men and women of this, and the generations to come, and if, so lifted, sacrifices are freely offered on the altar of the cause, it may truly be said that the Russian Revolution is a spiritual force on the East side of New York."

"A long procession of saints and martyrs, sympathisers and supporters have crossed the threshold of the 'House on Henry Street' and stirred deep feeling there." Prominent among them—Katharine Breshkovsky (Babuschka, little grandmother) the story of whose life and work must be read in detail. The chapters on social forces are also illuminating, and lastly, that on "New Americans and our Policies," which tells of the influx of immigrant life through the gates of Ellis Island. Who can doubt that the little party in the charming picture here reproduced have gifts of value to bring in exchange for the hospitality and sympathy of freedom-loving America?

M. B.

LEGAL MATTERS.

Sister Eliza Maud Bacon, proprietress of a children's nursing home at Bournemouth, and formerly a Sister of Mercy of the Wantage Sisters, who is charged with the manslaughter of a child named Doris Irene Wetherall, has been committed for trial to Hants Assizes by the Borough Coroner in consequence of a verdict that the child Wetherall died from broncho-pneumonia accelerated by inattention and neglect. A coroner's jury at Poole have also found that another child named Norah Towner has died through inattention and neglect. It was stated that 12 young children were kept in the home, which was unregistered.

TRAINING FOR PUBLIC HEALTH SERVICE.

Courses of Training for men and women for work in connection with the Public Health Service of the Country have been arranged by the Royal Sanitary Institute, Buckingham Palace Road.

The Course for Sanitary Inspectors, which is open to women as well as men, begins on Monday, February 7th. The Course for Health Visitors, on Monday, February 21st. These courses are in preparation for the Standard Examinations, which are now recognised as a necessary qualification for the offices referred to.

BOOK OF THE WEEK.

"JULIA PAGE."*

A tale of San Francisco, in a district known as the Mission. Julia's story from her infancy to well on in her married life is traced step by step, and very interesting reading it is. She, in fact, begins at the lowest social rung of the ladder and works her way by the sheer force of her personality to somewhere near the top. In her extreme youth her parents had matrimonial differences, and consequently separated. Julia was dragged up by her mother in a fifth-rate theatrical circle, and learned neither tidiness nor method. Afterwards we learn that more important morality was neglected. She was beautiful, and she loved subconsciously beautiful things. In time she came to hate her life and its tawdry excitements. The real turning point in it was when she became acquainted with the Tolands, which acquaintance came about in consequence of her taking part in a charity performance of theatricals. It was in their house that the contrast with her own sordid surroundings came home to her: the dainty, luxurious home, and the ill-kept, slatternly apartments which were all the home the girl knew.

She confides in Mark, her handsome young Jew lover, who is urging her to marry him.

"I don't know what I want myself, and of course I don't know what I want my husband to be like, d'ye see, Mark. I—I feel as if I didn't know *anything*. I don't know what's good and what's just common. My mother never told me about things," she burst out, incoherently, "about how to talk, and taking baths—and not using Cologne."

Julia's chance comes, when Miss Toland suggested that the girl should assist her with the social work in a settlement house.

"Live here!" stammered Julia. She looked again at the fresh white bed, the rug, the bureau.

It was here that the rising young surgeon Jim Studdiforth met her and fell in love with her. So far from his being ashamed of her humble origin he tells her that when he considers what "you have made of yourself I could get down and worship you. I've always had all the money that I could spend, and you, you game little thing,

* By Kathleen Norris. John Murray, London.

you've grubbed and worked and made things do, and I know from Aunt Sanna you're a long way ahead of your own people."

I don't know whether it's 'ahead' or not," said Julia, with a worried laugh. "I suppose only God knows the real value of finger bowls and tooth brushes and silk stockings. I suppose it's 'ahead.'"

Before her marriage Julia confides certain ugly episodes of her extreme youth to Jim.

It came as a terrible shock to him, but his love for her overcame it, and when she asks with the tears running down her face "Are you quite sure, Jim?" he answers: "Quite sure, sweetheart. Wouldn't you forgive me anything I might have done when I was only an ignorant little boy."

Nevertheless, afterwards the ghost of her confession arose again and again in their married life, till it completely wrecked their happiness.

One of the best written passages in the book is the description of old Dr. Toland's deathbed.

The old man stirred, and whispered "Janey."

His daughter Janey, kneeling beside him, "never dreamed that the little-girl aunt, dead fifty years ago, with apple cheeks under her slatted sun-bonnet and more apples in her lunch bag, had come in a vision of old orchard and sun-bathed river to put her warm little hand in her brother's again and lead him home. And before the clock struck again Robert Toland, with not even a twitch on his kind old face, went smiling away from earth in a dream of childhood."

We can recommend this book as one in which the interest is sustained throughout. Julia is an uncommon and interesting personality, and calls for our admiration for the resolute manner in which she rose above her disabilities. Jim Studdiford's treatment of her was selfish and contemptible in the extreme, and he did not in the least deserve his reinstatement in her love and home.

H. H.

COMING EVENTS.

January 31st.—National Association for the Prevention of Infant Mortality. Lecture on "Expectant Motherhood," by Mrs. Florence Willey, M.D., 1, Wimpole Street, W.

February 10th.—National Council of Trained Nurses of Great Britain and Ireland. General Meeting of Members to consider the proposal made by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee, in a Circular Letter to Committees of Hospitals, to set up a Nominated Council of Management for the Nursing Profession, and to take such action as may seem advisable.

WORD FOR THE WEEK.

Blow out you bugles over the rich dead:
There's none of these so lonely and so poor
or old

But, dying has made us rarer gifts than
gold.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A CONFERENCE WITHOUT PREJUDICE THE FIRST ESSENTIAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you for publishing the Circular Letter addressed to hospital committees by the Hon. Arthur Stanley, inviting them to consider a scheme for the management of trained nurses, through incorporation by the Board of Trade. As a certificated St. Bartholomew's Hospital nurse, and past hospital Matron, I addressed a letter to Mr. Stanley asking for further information, as I for one had not been consulted by him or his advisers concerning my own affairs, as I am of opinion I should have been, before any scheme was drafted by a committee for the organisation of my work and status. I have received the following letter from Miss S. A. Swift, from the office of the Joint War Committee, which I think amply demonstrates the attitude of mind of those who without our consent propose to govern the nursing profession. We "Barts" women have always been encouraged to think and act for ourselves, and to be told by a former Matron of Guy's that it is useless to waste my energies like a child, crying for what I cannot have, because I am convinced, after serious consideration, that by State Registration alone can trained nursing be effectively organised—just as medicine and midwifery are—is somewhat astounding, to say the least of it. The dangerous scheme propounded in the Circular Letter may meet "all the requirements" of the promoters; I am inclined to think it will; but it will not meet the requirements of those trained nurses like myself who do not intend to submit to a nominated oligarchy of persons who have for years opposed every effort upon the part of trained nurses to organize themselves in this country, as they are permitted to do in our Colonies and the United States, and even in the land of the Hun! Miss Swift's reply to my letter, which I shall be pleased if you will publish, proves that we nurses must be up and doing if we are to save the situation. "The question of consulting the individual nurse in the general scheme would of course come later"! Let the individual nurse take care it does not come too late!

Yours faithfully,

CLARA LEE

(Member League St. Bartholomew's Hospital Nurses).

REPLY FROM MISS SWIFT.

JOINT WAR COMMITTEE.

Chairman: The Hon. Arthur Stanley, M.V.O., M.P.
Vice-Chairman: Col. Sir Herbert Charles Perrott, Bt., C.B.

DEAR MADAM,—Mr. Stanley has handed to me your letter, which I have been much interested

in reading. I think, if I may say so, that the fact of Mr. Stanley being neutral is the reason he can do so much for nurses in the matter which he is kindly championing. He is not, as it may appear to you from your letter, altogether unconnected with nurses and the nursing world. He is interested in several general hospitals, and as Chairman of the Joint War Committee, he is in touch with military hospitals and nursing boards, besides which we have a nursing staff of 2,000, and between six and eight hundred war hospitals in England alone, which he has directly or indirectly equipped with nursing and other personnel.

Personally, I think it is useless to waste our energies, like children, crying for what we cannot obtain in the meanwhile, namely, State Registration. The scheme which we have before us will, I think, meet all requirements, and at the same time allows scope for extension. The most important matter at the moment is unity, which, of course, means strength, and if a sufficiently strong board could be organised there is little doubt that later on we shall be able to secure recognition, which, I quite agree with you, is necessary for the well-being of the profession.

The question of consulting the individual nurse in the present scheme would, of course, come later. Speaking for my own staff, it is what they require. [Have they been consulted?—Ed.] Every scheme of the kind must have a backing, and what more suitable one can we give nurses than that of the Matrons of their training schools, and others who are responsible for teaching and are in a position to influence those who must make the first move? I am sure it is with this motive at heart that the Matrons of the large training schools are considering together to make the present move forward. All agree that something must be done to deal adequately with the present conditions brought about principally by the War. The nurses themselves, I am sure, will gratefully join hands with us when they come home to ordinary work again.

Yours faithfully,

To Miss Lee.

S. A. SWIFT.

[There is only one ray of light in this letter—that at last, after a quarter of a century, the Matrons of certain large training schools have realised their responsibility to the profession at large, and are at last convinced how injurious both to the nurses' interests and also those of the sick public has been the attitude of obstruction of their Committees. Mr. Stanley may be "neutral," whatever that may mean—so far he has only heard the views of the anti-registration group—but he has for years been an Hon. Officer of the Middlesex Hospital, the Committee of which has persistently opposed the conscientious demands of the registrationists for nursing reform, and which is represented on the Central Hospital Council for London, which has never done anything else, as far as we know, but oppose our professional aspirations. We women who have worked for an Act of Parliament to regulate the

qualifications of our profession, do not consider that we are wasting our energies, nor are we to be classed by those who have expended no energy upon this just demand, as children crying for the moon! We differ strongly in opinion from Miss Swift that the scheme promoted by her and the anti-registration Matrons "will meet all requirements." Anyway, it does not meet the requirements of those progressive members of the profession who claim that the governing body of the nursing profession shall be an *elected* and therefore an independent body, authorised by Act of Parliament conferring legal status upon trained nurses in the United Kingdom—as our Dominions', and American Parliaments have conferred it upon trained nurses in other parts of the world. That Matrons, however well-meaning, are to meet privately and draw up schemes for our management, without even informing certificated nurses what they propose to do, proves that these ladies are still sadly out of touch with the democratic feeling of the age. We certainly agree that it is high time the just grievances of trained nurses should receive consideration, but we must have no shoddy substitute for the legal status it is the duty of the State to confer, and which Parliament would long ago have granted had it not been for the opposition of the reactionary Chairmen and Consultants of the hospitals with which these ladies are associated. Unity let us have by all means, but like Irish reciprocity it must not be "all on one side." The first step to a right solution of this question is a conference without prejudice between those who stand for legal status and democratic control of the nursing profession and those who stand for a voluntary system governed by a nominated Board. If the latter party are not prepared to confer with their colleagues and the rank and file then the hope of unity is vain.—Ed.]

We have received a large number of letters from trained nurses emphasising the opinions expressed in the letter published, and not one in favour of side tracking State Registration, as the Nursing College Scheme is calculated to do. We regret we have not space to insert them this week. Letters received from "An Orderly" and Mr. H. B. will be published next week, as in this issue it has been imperative in the interests of the nursing profession to devote much space to the State Registration question.

OUR PRIZE COMPETITIONS.

February 5th.—What is the difference in the nature and action of a vaccine, and an anti-toxin serum? What is a common dose of diphtheria anti-toxin? How would you prepare the skin for the injection?

February 12th.—What accidents to patients most often occur in the wards? How would you prevent them?

February 19th.—Describe (a) the symptoms and (b) the nursing of cerebro-spinal fever.

The Midwife.

NATURE AND NURTURE.

The first lecture of the Advanced Course on Infant Care was given by C. W. Saleeby, Esq., M.D., at the Royal Society of Medicine, 1, Wimpole Street, on Monday, January 24th, Sir Thomas Barlow presiding.

The subject of the lecture was "Nature and Nurture."

The term Nature and Nurture were substitutes for Heredity and Environment, said the lecturer. It was a phrase of Sir Francis Galton, borrowed from Shakespeare; it was to be found in "The Tempest," where Prospero addresses Caliban (whose mother was a "foul hag" and therefore by the laws of heredity was less than human) as "a devil, a born devil, on whose nature nurture will never stick."

Birth was generally regarded as the beginning of living creatures, but it was wrongly so regarded; it was rather an episode. Birth was a tremendous transition of environment. The first stage was the maternal environment, the second was the world. Marcus Aurelius was amazed at the beginning of life by the confluence of two minute cells, one invisible, the other barely discernible, becoming one and forming the incredible human body. Thus began Shakespeare. Thus once, each of us. The whole of nature is embodied in microscopic cells. Whence is formed the rest of the body, so infinitely the larger part? Is it not from nurture, by what is taken in from outside, which, if not so taken, nature would come to nothing? It was preposterous to think that the real heritage was a single microscopic cell. The living creature was a product of the multiplication of both nature and nurture. To give an instance—in the heredity of eye-colour. The colour of children's eyes will follow that of the parents in a definite and constant fashion, and it would be said that nature is all-important. Sir Ernest Shackleton said that after six months in the Antarctic regions the eyes of his party had in every instance become blue or grey; this showed that eye-colour is a product of nature and nurture.

The ante-natal period had its needs and dangers. After the crisis of birth, still there were needs and dangers. The post-natal little creature, called the *infant*, which signified something that could not talk, still has its needs. After the first birthday till the age of four—which period he liked to call the Home Child—it still had its needs. Then there was the school child period, followed by adolescence, which signified the birth of the parent, and the capacity for reproducing. All these formed a cycle in the stages of nurture.

In all these stages there were morbid possibilities. There were morbid possibilities in the original cells. It was now known that certain

things may be absent from the nucleus of father or mother—some ferment, possibly. It was possible that the same kind was absent in both father and mother. There were instances known where generation after generation were inevitably deaf. Something was absent from the very cells from which heritage was derived, so that the ears could not function. There were conditions also which spoiled the quality of the cells; for example, alcoholism, the working in lead, by such toxins the genetic cells became spoiled. Is it nature or nurture produces the bad effect? Parental mal-nurture spoiling the nature of the child. The human cell was wonderfully nurtured and amazingly protected, the placental filter standing between it and infection. But if microbes reached the cell, was that heredity? Clearly it was ante-natal infection. What was known as congenital heart disease was caused by the microbe of rheumatism in ante-natal existence spoiling the valves. It was not hereditary infection, even if the mother's valves were similarly damaged.

The word congenital was a disgrace to medical science and ought to be abolished. To speak of congenital deafness or congenital syphilis was an insult to heredity. Infection before birth was as real as infection after birth. There was a class of persons—he could neither call them thinkers nor students—who maintained that the high mortality of infants in the slums was because their heredity was bad, that upon their nature good nurture will never stick; that the efforts of ours for their welfare in so far as they were successful, would only lead up to a race of weaklings.

These people had never published one word concerning the ante-natal period, or the effects of toxic infection, or any possibility of spoiling the genetic cells. The remedy was to stand between the Race and Racial poison. Effort will fail if the cause is truly genetic.

Dr. Saleeby said he felt much honoured by the presence of Sir Thomas Barlow at his lecture. Years ago a condition among children known as Barlow's disease was investigated by him, and was shown to be the effects of bad diet. Good nature and good nurture were both needed to make a fine human being. Nothing could make up for the inherent defect of genetic cells, but a defect such as deafness, due to infection, was not hereditary.

Dr. Saleeby threw on the screen some interesting slides, illustrating the effects of alcohol on the genetic cell, and family trees of hereditary deafness.

Before the lecture began Sir Thomas Barlow presented the certificates to the successful competitors in the examination on the former course of lectures on Infant Care. He urged the audience to give serious attention to the subject which Dr. Saleeby had chosen for his lecture.

CENTRAL MIDWIVES BOARD.

MONTHLY MEETING.

A meeting of the Central Midwives Board was held at the Office, Caxton House, Westminster, on Thursday, January 20th, Sir Francis Champneys presiding.

REPORT OF THE STANDING COMMITTEE.

A letter was read from the Clerk of the Council transmitting a copy of a letter from the Local Government Board with regard to the practice of midwifery by uncertified women.

A letter was read from the Clerk to the Governors of St. Bartholomew's Hospital regretting that they had no opportunity of expressing their views upon the Board's proposals to extend the minimum period of training for midwives to six months.

The Board decided that the Governors of St. Bartholomew's Hospital be informed that public notice of the Board's intention to extend the period of training was given on March 11th, 1915, and that the Central Midwives Board believed that all those engaged in the training of midwives kept themselves informed of the proceedings of the Board.

A letter was reported from the Secretary of Queen Charlotte's Hospital asking the Board to postpone the operation of the new rules of training until January, 1917, and a letter to the same effect from the Secretary of the City of London Lying-in Hospital.

It was agreed in both instances to reply that public notice of the Board's intention to extend the period of training was given on March 11th, 1915, and that the Central Midwives Board believed that all those engaged in the training of midwives kept themselves informed of the proceedings of the Board. The Board regrets that it is unable to accede to the suggestion, (a) of the Committee of Management of Queen Charlotte's Hospital, (b) the Committee of Management of the City of London Lying-in Hospital that the operation of the new rules should be postponed until January, 1917.

Correspondence with Miss B. M. Harris, Chairman of the Committee of the Dempster Cottage Nurses' Home, Hale, Farnham, with regard to a certified midwife whom the Committee had found it necessary to dismiss from their employ was considered.

The Board decided to reply that, as the person who charged the midwife with improper conduct is unwilling to take steps to substantiate the charges brought, the Board is unable to take any action in the matter.

A letter was received from the County Medical Officer of Health of Essex informing the Board that the County Council of Essex has decided to delegate the administration of the Midwives Act within the County to any borough with a population of 20,000 presenting a Maternity and Infant Welfare scheme approved by the County Council.

It was decided to reply that the County Medical

Officer of Health of Essex be informed that the Board greatly regrets to hear that the Essex County Council proposes to delegate its powers and duties under the Midwives Act 1902, and suggests that the County Council should reconsider its decision as, in the opinion of the Central Midwives Board, such delegation is bound to impair the effective administration of the Act.

The Secretary reported the exclusion from the examination of December 15th of a candidate who had been found on the previous day to be in a state of intoxication while on duty as a nurse.

The Chairman reported the progress of negotiations with reference to the Board's offices, and it was agreed that, subject to a draft lease to be approved by the Board's solicitor, the premises in Queen Anne's Gate Buildings submitted by Messrs. Trollope & Sons be taken on a lease of 7, 14 or 21 years at a rental of £445 per annum, to include rates and taxes.

APPLICATIONS.

For Recognition as Lecturer.—The following application was granted:—Ada Jackson, M.B.

To Undertake the Practical Training of Pupils.—The following application was granted *pro hac vice*:—Noel Morley Gustave Herbert, L.R.C.P., and S.I.,

Of Certified Midwives for Approval to Undertake the Practical Training of Pupils.—The following applications were granted:—Midwives Hannah Williams (No. 28256), Maria Eliza Williams (No. 7962), Florence Wood (No. 37397), Jane Parnell (No. 36233), Beatrice Twist (No. 39250), and that of Midwife Emily Stephens (No. 26939) *pro hac vice*.

The approval of Marion Taylor (No. 26313) was extended to March 31st, 1916.

Special Meeting of the Board for hearing penal cases will be held on Thursday and Friday, February 17th and 18th, at 11 a.m.

PENAL BOARD.

A Penal Meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, S.W., on Friday, January 21st (Sir Francis Champneys presiding), to consider charges against midwives, with the following results:—

Struck off the Roll and Certificate Cancelled.—Christina Peattie Forsyth Ghosh (No. 32731), Ann Goodman (No. 20842), Mary Ellinor Knight (No. 5249), Rose Jane Lewry (No. 15768), Alice Hannah Sinclair (No. 33971), Harriette Annie Steele (No. 22060), Mary Caroline Vincent (No. 14914).

Judgment Postponed: Local Supervisory Authority to Report in Six Months.—Ellen Healy (No. 12094).

Two of the accused women wrote from prison, asking that the hearing of their cases might be postponed till they were liberated. One was undergoing a sentence of two months for drunkenness and the other a sentence of nine months for the performance of an illegal operation.

Two midwives in their defence stated that the medical men sent had refused to attend.

There were no defended cases. Midwife Sinclair had notified her intention to appear but failed to do so.

In the case of Mary Ann Goodman, against whom there were two charges, in one case the mother having died from adherent placenta, the midwife in her defence stated that the delay in obtaining medical help was occasioned by the first medical man applied to refusing to attend. The M.O.H. for South Shields, however, did not give her a very satisfactory report.

The charge against Ellen Healy of negligence in regard to the child's eyes was explained by her with the plea that she had not been engaged for the case, that the child was born before arrival, that the condition of the room was squalid and dirty, that there was only a mattress and no bedstead, and that she had to borrow a quilt to cover the patient. She asserted that she did both wash the child's eyes and cleanse the mother.

In the case of Mary Ellnor Knight, who was charged with negligence and drunkenness, the Inspector of Midwives and Mr. Gee, Chief Clerk of the Public Health Department, gave evidence in corroboration of the charges. The Chairman complimented them on the way the case had been presented and managed and said the procedure had been much shortened in consequence. The midwife had already been cautioned twice by the local authority, so it could not be said that she had not had her chance.

A sad letter was received from the midwife undergoing sentence for performing an illegal operation. She hoped her offence would be forgiven, for she loved her work. She wrote:—"I was weak enough to give advice, and I cannot believe I was the cause of the miscarriage. I shall never be the same happy mother and woman again." Her son, she stated, was a prisoner of war in Germany.

Midwife Steele also begged to be forgiven. "I do not wish to practise, but I am proud of my certificate, which I got when I was younger and full of energy and love for my work. I beg you to let me keep it."

The Inspector, who was present, said that if she could keep temperate she could do good work. She had not notified her intention to practise as a midwife (although she had done so in two instances) solely because she could not trust herself in this particular.

REGULATIONS FOR THE REGISTRATION OF MIDWIVES IN SOUTH AFRICA.

New regulations on the above subject have recently been gazetted in the Cape Province, which provide that (A) the Council may grant a certificate of registration as a midwife to any person who has obtained a certificate of registration as midwife granted by any Medical Council within the Union of South Africa after examination by the said Medical Council, or the certificate of the Central Midwives' Board in London,

granted after examination, provided that all applicants for registration under this regulation shall be required to submit the diplomas or certificates by virtue of which they claim registration, together with certain other information; and (B) providing that similar information is furnished, the Council may grant certificates of registration after due examination to persons who shall satisfy the examiners appointed for the purpose by the Council, of their competence, skill and fitness for the practice of a midwife's calling.

THE ALEXANDRA MATERNITY HOME, DEVONPORT.

At the Annual Meeting of the Alexandra Nurses' Maternity Home, held at the Home in St. Michael's Terrace, Devonport, the annual report stated that the work has gone on steadily throughout a trying year, and had been greatly valued by the wives and families of men belonging to the port and garrison. There were now seven Sisters under the Matron, Miss Gyles, from 20, Tamar Terrace. The Maternity Home, at 1, St. Michael's Terrace had proved, by the great success of its first year of work, how much it had been needed. Ninety-six babies had been born there, and all the patients, without exception, had expressed their gratitude for the care bestowed on them, and for the comfort and peace they had enjoyed. They had had patients from Exeter and other places altogether outside Devonport boundaries, and should continue to welcome them should they wish to come. Arrangements could be made for patients to stay beforehand at the Home.

THE BIRMINGHAM MATERNITY HOSPITAL.

The Birmingham City Council, on the recommendation of the Health Committee, have decided to make a grant to the Birmingham Maternity Hospital towards the expenditure incurred by them on Maternity and Infant Welfare. The grant of £75 per bed, or £1,500 per annum will be made on condition that the hospital set aside 20 beds for difficult cases of pregnancy, and subject to the Council being represented on the management committee of the hospital by a member of the Health Committee, and the medical officer, and that full records of all cases treated be kept for the information of the Health Committee.

Councillor Cadbury remarked during the discussion that the Council had authorised the committee to establish six more maternity centres. Owing partly to the war, and partly to the great difficulty of finding centres in the largest districts, they had only established two up to the present. Now a sub-committee had been formed to take the work in hand, and it was their intention to go forward and establish the rest of the centres, also to encourage the starting of centres if possible by private enterprise in out-lying districts.

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EDITORIAL.

THE ECONOMIC BASIS OF TRAINING SCHOOLS FOR NURSES.

Miss M. Adelaide Nutting, R.N., Director of the Department of Nursing and Health at Teachers' College, New York, discusses, in an able paper in the *American Journal of Nursing*, the question of "A Sounder Economic Basis for Training Schools for Nurses," lucidly demonstrating the kind of basis upon which such schools do actually rest, and how it compares with that of other schools and colleges.

She shows that there are three main ways of securing support: (1) through public funds derived from taxation; (2) through private funds by gifts; and (3) through fees from students.

"I know," says Miss Nutting, "few things more impressive—to me, indeed, more profoundly moving—than to survey the field of education, to note the richness of the gifts which have been there poured forth with such lavish hand, in so many directions, and to perceive the ways through which men and women are striving to put into the hands of their fellows the supreme weapon of knowledge. These enormous private contributions made to education are the wonder and glory of our age."

In regard to the cost of modern education, Miss Nutting quotes Mr. Furst, Secretary of the Carnegie Foundation, who states that "Present educational demands upon even a modest college require resources of approximately a million dollars." Good teaching, he urges, is "not only expensive, but absolutely not to be had below a certain minimum of expenditure, and financial resources constitute the fundamental problem. In other words, any institution which proposes to educate must depend upon appropriate, definite, and permanent sources of income.

"In all this long list of great gifts for education, in all this imposing array of colleges and schools supported by such gifts, I am

astonished," says Miss Nutting, "to realize that no reference whatever is made anywhere to one of the most fundamentally important branches of professional education now in existence, schools for the training of nurses. . . . Is it not strange that, search as you will from one end of the country (I had almost said the world) to the other, you will not find one single gift of any appreciable amount, not one endowment placed at the disposal of a training school for nurses for the proper conduct of its educational work. There have been in history two important gifts made for the education of nurses. Florence Nightingale gave the first in providing, a half-century ago, 200,000 dollars for the founding of the Nightingale School at St. Thomas' Hospital, London. The first training school in history was, therefore, established and has been maintained by an endowment. A half-century later, Mrs. Helen Hartley Jenkins, of New York, gave the second considerable gift, in endowing the Department for Graduate Nurses at the College for Teachers at Columbia University, and these two large gifts complete the list. There is literally nothing to add: so far as my knowledge goes there is no training school for nurses supported anywhere in this country by private endowment; there are none maintained by public funds, and public treasures and private philanthropy alike seem innocent of any recognition of the fact that there are between thirty and forty thousand student nurses in training in the eleven hundred schools recorded, and that every one of these schools is carrying on its work with difficulty and at a disadvantage because of lack of resources."

Miss Nutting then proceeds to show that "the primary function of all training schools is that of carrying on the regular nursing work of the hospital; it is not anywhere the education of the nurse. That education is the subsidiary, secondary purpose of the hospital in establishing a training school, and it follows as a matter of course that it can be carried out only in so far as is compatible with the main purpose of nursing the patients through the

school. . . . It is entirely clear that large expenses for service, which the hospitals would have to incur under any other system whatever, are avoided by the establishment of a training school, and a very considerable sum is thus made available for the instruction and training for which the labour of pupils is asked, and is so freely given.

"What seems to be needed now is a truer conception of the responsibilities which are inevitably assumed in attempting to direct, control, and develop in any adequate way this large, complicated, and most vital branch of professional education, and ability to face the situation squarely and recognize that adequate funds are just as necessary for the proper maintenance of training schools for nurses as they are for medical, engineering, or any other professional schools.

"No equitable and stable adjustment can ever be made between hospital and training schools until this fact is understood, accepted, and made to bear upon the whole scheme of training. . . .

"Though hospitals are constantly and properly making the public acquainted with their needs, I do not remember ever hearing of any instances of hospitals asking for funds for the maintenance of their training schools.

"Yet I can hardly imagine any branch of their work for the maintenance of which they could with better grace turn to the public. There are literally thousands of men and women who owe their health or their lives to the skill, knowledge, and devotion of nurses. There are those among them who have given liberally to other forms of education, and would, I am confident, willingly contribute to the education of nurses were they but made aware of the need. . . .

"I firmly believe that generous financial help would flow into our training schools from private sources were the need fully recognized, and I see no reason whatever why schools rendering an important public service should not also secure substantial aid from public funds."*

Miss Nutting emphasises that from whatever source funds may come, they are necessary to place schools on a secure and dignified foundation, and to release them from their present helpless and ignominious position, due largely to an entirely unsound economic status.

* [In Great Britain Lord Knutsford has succeeded in obtaining a grant from the Board of Education in connection with nursing education at the London Hospital. There appears, therefore, no reason why other training schools should not have similar advantages —ED.]

OUR PRIZE COMPETITION.

WHAT IS THE DIFFERENCE IN THE NATURE AND ACTION OF A VACCINE AND AN ANTI-TOXIN SERUM? WHAT IS A COMMON DOSE OF DIPHTHERIA ANTI-TOXIN? HOW WOULD YOU PREPARE THE SKIN FOR THE INJECTION?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

A vaccine is a prepared culture of the actual germs of a specific disease drawn from an infected animal.

For inoculation purposes dead germs are used, which, though having no power to multiply and thereby produce an overdose of the poison of the particular disease, yet retain the active toxic principle of their life, which, upon injection into a person, excites the cell defenders and tissues to manufacture antidotes as weapons of defence to counteract the effect of the invading toxins produced by the presence of the foreign harmful bacilli. In this manner a degree of active resistance is created in a person—an acquired immunity, preventive and protective in action, either serving as a complete resistive force to the disease though in close contact with it, or so modifying an irresistible attack that the person is able to completely recover.

Vaccination against smallpox is one of the best-known examples of vaccine immunity by inoculation, millions of lives having been saved and protected since its introduction many years ago in the eighteenth century.

Scientific investigation has since produced vaccines of other diseases of our present time, notably the anti-typhoid vaccine, which has done so much to safeguard the health and well-being of the fighting men and others who are placed in untoward environments. The correct dose of dead germs and their toxins has been found out; also that the protection is increased by a second dose twice as strong as the first, given after a short interval of ten days.

The method of vaccination is to smear the infective agent over a prescribed area of prepared skin on the arm or leg, the top layer or scarf skin having first been scraped away by a knife or scarifier to the exposure of the true skin. The vaccine is there allowed to dry, and as it circulates with the blood through the system, constitutional effects are evidenced more or less in different individuals, with more or less local pain and discomfort at the site of inoculation, the attack passing off in the course of twelve to fourteen days completely, sometimes only manifest for a few days.

An anti-toxin serum contains the resistive power of a specific disease, the result of acquired immunity from previous vaccination of a healthy animal which has been subjected to successive inoculations of the specific toxin in gradually increasing strength until a high degree of resistance is produced. The horse is the animal usually selected. When ready, the animal is bled and the serum separated, a dose of which serum is injected into the patient; the earlier it is given in a case of disease, the better its effect, the symptoms of distress from disease being rapidly ameliorated in a favourable case. Anti-toxins are not active virus, such as vaccines, but assist the active defensive cells already in the patient's blood by strengthening their power by the cumulative resistance it produces on inoculation. The anti-toxin principle is taken from the fact that the reaction of the tissues to the poison of disease is nature's method of arresting such. As the bacteria have the power of producing poisons or toxins, so the tissues, including the white blood corpuscles, have the power of producing antidotes, or anti-toxins. If the tissues are strong and healthy the anti-toxic power is very great, the toxins will be destroyed, and the disease arrested; but if the tissues be feeble, the anti-toxin formation will be inadequate to fight against the production of the poison, and the disease will progress unchecked. One of the most successful anti-toxins employed is that of diphtheria, where the tissues are very readily weakened by the very potent toxin the disease produces in a very short period from the date of incubation.

A common dose of diphtheria anti-toxin is 3,000 units, that amount being generally put up for inoculation in a sealed bottle, which is also numbered, the number referring to the horse from which the serum has been taken, the object being, if possible, to have the patient injected with the serum from one horse only should a second injection be required. The amount of anti-toxin given and the number of doses required varies with the nature and severity of the case, sometimes large doses being given at the outset, such as in cases of nasal and laryngeal diphtheria, where toxin absorption is very rapid. The best and simplest method of preparing the skin is to paint thoroughly with iodine (2-4 per cent. solution), covering the site with a pad of absorbent wool or sterile gauze. Another method is to wash thoroughly with soap and water, sponging after with alcohol or ether, then applying an aseptic dressing. The site is usually the shoulder or thigh. The hypodermic needle and all material

required should be surgically clean at the time of injection.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss H. Gunn, Miss E. A. Noblett, Miss H. Ballard, Miss E. O. Walford, Miss M. Forrest, Miss V. Ryott, Miss E. C. Hall, Miss D. Humphreys, Miss D. Vine, Miss A. B. Owen, Miss J. V. McNeillie.

QUESTION FOR NEXT WEEK.

What accidents to patients most often occur in the wards? How would you prevent them?

A MEETING OF TRAINED NURSES TO CONSIDER THEIR OWN AFFAIRS.

A Meeting has been summoned by the President of the National Council of Trained Nurses of Great Britain and Ireland, upon Resolutions passed by the Matrons' Council, and the League of St. Bartholomew's Hospital Nurses, to consider the Circular Letter addressed by the Hon. Arthur Stanley, M.P., to Hospital Committees, proposing a scheme for the organization of the Nursing Profession—and to take action upon it. It is realised by many thoughtful matrons and nurses, who have for many years devoted time and energy to the organization of their profession, and who have kept in touch with its progress all over the world, that no voluntary scheme would be acceptable to those who, by their devotion to professional affairs, have convinced the Houses of Lords and Commons, the British Medical Association, and the National Council of Women of Great Britain and Ireland that it is just that Nursing, like Medicine and Midwifery, should be organized by Act of Parliament. Thus the passing of the Nurses' Registration Bill has long been a matter of urgent national importance, and a Resolution to be proposed at the meeting will emphasise this fact.

The meeting of nurses will be held in the large Hall of the Royal Society of Medicine, 1, Wimpole Street, London, W., on Saturday, February 12th, at 4 p.m., and it is earnestly hoped that every member of the various affiliated Societies which compose it will be present if duty permits, as it is felt strongly that those nurses who realise the benefit of State Registration are faced once more with a situation which may prove very disastrous for them, unless they face it firmly and take action in their own defence, as they have done successfully on previous occasions—as when the promoters of the "Nurses' Directory Bill," and the so-called "Society for the Higher

"Education of Nurses," attempted to deprive them of both personal and professional liberty—a situation which might equally result under the proposed Nursing College Scheme as at present projected, even if its promoters do not intend it.

The cost of circularising so large a number of members is very considerable, but thanks to the generosity of warm friends of the cause, the President has received a sufficient sum to cover it. To Miss A. Hulme and Miss B. Kent the special thanks of the Council are due, as each has most generously sent a cheque for £5. Just home from the United States of America, where they had ample proof of the immense value of State Registration in co-ordinating nursing education, and raising the profession generally, "they feel like spending their last penny" in opposing any scheme sprung upon the profession at home, which they fear is calculated to prevent for years to come, the consummation of the aspirations of the supporters of State Registration, just as it is within their grasp.

That this new inchoate Scheme should have been launched when so many of our best nurses and medical champions are away, working heart and soul, both at home and abroad, for our dear country, and our sick and wounded men, is absolutely indefensible—and the few left free to consider it must redouble their energies in so doing, and permit nothing but duty to prevent their attending the meeting called to give the rank and file an opportunity of considering their own affairs.

WHO IS RESPONSIBLE?

In reply to a letter from the Hon. Secretary of the National Council of Trained Nurses asking if the Joint War Committee were responsible for the Nursing College Scheme, she has received the following information:—

Joint War Committee.

83, Pall Mall, S.W.,

January 26th, 1916.

MADAM,—With reference to your letter of the 20th inst., and to my reply of the 21st inst., Mr. Stanley has asked me to inform you that the members of the Joint War Committee have approved of his carrying on the negotiations in connection with the proposed College of Nursing, reserving to themselves the right to decide at a later stage whether they will associate themselves definitely with the scheme, and if so, to what extent. Also the Committee approve the holding at 83, Pall Mall of such meetings as may be necessary in the preliminary stages.

Yours faithfully,

GEOFFREY SAWYER,

Secretary.

NURSING AND THE WAR.

We have pleasure in publishing this week the portraits of three of the recent recipients of the Royal Red Cross (First Class) in the Territorial Force Nursing Service.

Miss Janet A. Sheppard, R.R.C., is the Principal Matron of the 4th Northern General Hospital, Lincoln, and Matron of the Lincoln County Hospital. Miss Sheppard was trained at King's College Hospital, and before her appointment to her present position was Matron of the Mount Vernon Hospital, Hampstead.

Miss Edith Holden, R.R.C., was trained at St. Bartholomew's Hospital, London, and was Assistant Matron at the Chelsea Infirmary before her appointment as Matron of the Richmond, Whitworth and Hardwicke Hospitals, Dublin, from which she was called up for duty at the 3rd London General Hospital (T.F.).

Miss C. A. Tait McKay, Matron of the 4th Southern General Hospital, Plymouth, since August 11th, 1914, joined the Territorial Force Nursing Service (4th Southern Unit) in 1911 as Sister, and was appointed Matron in August, 1912. Miss McKay was trained at Guy's Hospital, after a year's maternity training at the Plaistow Maternity Charity, and subsequently had six months' training under Queen Victoria's Jubilee Institute. She is a certified midwife, and holds the massage certificate of the I.S.T.M. and the certificate of the Royal Sanitary Institute as a Sanitary Inspector. She was County Superintendent of Nurses under Q.V.J.I., and Inspector of Midwives, under the Cornwall County Council from 1912 to 1914, and was elected a member of the Cornwall County Insurance Committee, the Medical Committee, the Sanatorium Committee, and the Maternity Benefit Committee. She is also a member of the Matrons' Council of Great Britain and Ireland, the Society for State Registration of Trained Nurses, the National Union of Trained Nurses, and the Midwives Institute.

The total amount received to date for the Queen Alexandra Relief Fund for War Nurses exceeds £10,790. Applications are being dealt with every week, and nurses in need of help should apply to the Honorary Secretary, 15, Buckingham Street, Strand.

Hospital Committees and Boards of Guardians are naturally pleased that the nurses trained in the institutions they control earn good reports when on active service. We agree, however, with "Red Brassard" that the Matrons and Superintendent Nurses must share this reflected glory when he draws attention to the fact in the press that to Miss Helen Pirie, the highly qualified Nurse Superintendent of Eastville Infirmary, Bristol individual and public acknowledgment should be rendered for the continued success of the nurses trained by her, on duty in the Near East.

From the "Nurses' Red Cross Club" at St. John, New Brunswick, £483 has been sent as a gift to the British Red Cross Society and the Order of St. John. The members subscribed or collected together about £472 as their contribution to the "Our Day" appeal.

High tribute was paid to the work of a unit of the Scottish Women's Hospital Committee by Lieutenant Archibald, an officer of the Australian Expeditionary Force wounded at Anzac, who presided at a lecture given before a large audience in the Leeds Philosophical Hall by Dr. Mary Phillips in aid of the committee's work for the Serbian refugees in Corsica. Lieutenant Archibald spoke enthusiastically of the services rendered by the women doctors and the nurses.

As a Britisher, he said, he felt that the Empire owed much to that gallant band of British women for the magnificent way in which they had behaved in Serbia. Their actions before and after the crushing of Serbia, and especially during the terrible trek over the mountains, had become a part, and a very fine part, of history. Undoubtedly they did more to uphold British national honour and prestige at that critical time than anything else or anyone else. He first met Dr.



MISS C. A. TAIT MCKAY, R.R.C.
Matron, 4th Southern General Hospital (T.F.), Plymouth.

Phillips at Malta shortly after the Anzac landing. The casualties had proved far greater than had been anticipated. Provision had been made for 800 cases, but there were several thousand. He was put with nine hundred others on board a transport. There were two doctors on board and a small number of Red Cross workers. It took them ten days to get to Malta. Most of the wounds became septic. Happily, the Scottish Women's unit under Dr. Alice Hutchison and Dr. Phillips were passing through Malta at the time, and hearing of the plight of the Australians they volunteered their services and set to work "to clean up the mess." Day and night the doctors and nurses laboured unceasingly to save the septic limbs; those they could not save were amputated with great skill; and their names would always be remembered with gratitude by every Australian there.

Miss Violetta Thurstan writes as follows from Russia

"Jan. 8th.—Moscow is quite the most progressive town in Russia, and the best organised, so that though the pressure of refugees is heavy there—and, of course, has been much heavier—still, on the whole, they are coping with it, although some of the places the refugees are living in are



MISS JANET A. SHEPPARD, R.R.C.
Principal Matron, 4th Northern General Hospital (T.F.), Lincoln.

quite impossible and they see that for themselves I visited it all pretty thoroughly—1st, the English organisations (of which Mr. Birse is Hon. Sec.).

"(1) They have a soup kitchen at one of the railway stations where refugees are arriving daily. This is all done out of doors with an Army Field Kitchen; a good many of the refugees come with jugs and basins and fetch their portion away, others eat it there. They have the choice of soups—fast-soups or meat soups—and a hunk of black bread. It means enormous devotion to go on doing this day after day in the bitter weather we have had. I think the English people who do it are much to be admired; I almost froze to the ground the short time I was there. After the refugees have taken away the soup in jugs, the ones who are waiting there are fed. There are a few wooden tables standing on the snow, and they stand round and eat. The day I was there it was about 20 degs. below zero (F.) and a bitter wind.

"(2) A convalescent home, so called, but it means more of a hospital for medical cases for women and children. This is a joint concern between the English organization and the Moscow Municipal Council, and they seem to work very well together.

"(3) The Log-house, a sort of feeding station for refugees in a different part of Moscow. The paper I sent you will give you fuller details about all these.

" MOSCOW MUNICIPAL COUNCIL.

"This finds a roof over the heads of the refugees when they come and is, of course, much the biggest of all organizations. I visited tenements, doss-houses, barracks where the refugees were living, isolation hospitals, infants' hospitals, children's hospital, and lunatic asylum for refugees. Some of these latter were in an asylum in places where the Germans took the town—and they were

moved here—in other cases, people went mad from the strain and the want of food. There were about 100 mental patients there. The refugees in the doss-houses and tenements were very badly housed indeed, and the Moscow people know it and are doing their best to alter things. The doss-houses are where the refugee men sleep. There are wooden shelves back to back all down the centre of the room, and they each have a wooden pillow, no mattress, blanket or rug, so that the shelves are easily cleaned and disinfected. There is a stove in the room, so they are not cold. About 250 sleep in one room. The

tenements are where the families are—they are many of them old public-houses, filthy, damp and overcrowded—three or four families in one room. The baraki are large sheds on the plan of the one here which I described to you.

"The Municipal Town Council have now built a beautiful model village about two miles out of Moscow which will hold about 4,500 refugees. When I was there about 500 refugees had already arrived; the place is not quite finished yet. It is all of wood, and built in pavilions. The pavilions are divided into cubicles, each family has a cubicle; there is a common dining-room in the middle where they can prepare their breakfast and tea, and which acts as a sitting-room. There is a



MISS EDITH HOLDEN, R.R.C.
Matron, 3rd London General Hospital (T.F.).

special pavilion for old men. I went into that—the youngest is 80; the oldest refugee is an old man of 105. They also have three large kitchens where their mid-day meal is supplied to them, a school for the children, baths, and a hospital. The hospital comprises (1) General Hospital, (2) Out-Patient Department, (3) Maternity Hospital. It is in this building that they think we might be of use. They are going to talk it over at their next committee and then write. What they would really like would be two or three very good English Sisters to intro-

and English nursing work, and to instruct and train some of the refugee women."

The personnel and a portion of the equipment of the Women's Maternity Hospital for Russian Refugees, organised by the N.U.W.S.S., left London on Saturday, January 29th. A number of friends, including Mrs. Fawcett, bade the unit farewell at King's Cross and gave them a hearty send-off. A member of the Committee also saw them off from Newcastle in the s.s. *Bessheim* bound for Christiania. They are due at Petrograd about February 5th, and will find the building and arrangements prepared for them by Miss Moberly and Miss Thurstan, who write that their help is most urgently needed. All success to them in their good work.

Following are the two lists of nurses who have proceeded from Cape Town to East Africa, one unit to staff the General Hospital, the other are to join the East African Medical Services. On January 7th the nurses were inspected by General Thompson at Trovato House, Wynberg, where they stayed until their departure on active service. Miss M. Nutt, R.R.C., the Acting Matron-in-Chief, is also President of the South African Trained Nurses' Association, which is calculated to do first-rate work in uniting the members of our profession in the Union of South Africa.

STAFF.

Matron.—Miss J. McLeish, Westminster Hosp., London.

Nursing Sisters.—E. Barker, General Hosp., Kimberley; H. J. Campbell, Klerksdorp Hosp.; M. Derringer, Addington Hosp., Durban; G. Evans, Guy's Hosp., London; A. Fincher, Chelsea Inf., London; M. Groenwald, General Hosp., Johannesburg; B. Hooper, Addington Hosp., Durban; A. Lough, General Hosp., Kimberley; L. May, Somerset Hosp., Cape Town; C. Norris, Guy's Hosp., London; E. Rawe, General Hosp., Pretoria; E. E. Scurlock, Swansea General and Eye Hosp.; B. Shepley, Royal Hosp., Belfast; E. B. Topp, General Hosp., Pretoria; S. van der Reit, General Hosp., Kimberley; K. Hall, General Hosp., Johannesburg.

Staff Nurses.—M. Arnold, Frere Hosp., East London; L. Blaney, General Hosp., Pretoria; L. M. Burger, Addington Hosp., Durban; M. Cartledge, Marylebone Inf., London; M. Craig, General Hosp., Johannesburg; J. B. Davis, General Hosp., Johannesburg; D. A. Fitzhenry, General Hosp., Kimberley; E. Goodwin, Somerset Hosp., Cape Town; D. Graves, General Hosp., Pretoria; J. Lambert, West Kent Hosp., England; D. Leonard, Cottage Hosp., Wynberg; F. Lewis, General Hosp., Johannesburg; N. F. Loch, General Hosp., Johannesburg; L. Mathew, Frere Hosp., East London; B. Morris, Somerset Hosp., Cape Town; F. E. Nuttall, General Hosp., Pretoria; A. O'Hara, General Hosp., Pretoria; W. Patterson, Cottage Hosp., Wynberg; C. A. Richardson, General Hosp., Kimberley; A. Slater,

Provincial Hosp., Port Elizabeth; J. Theron, Frere Hosp., East London; M. van der Hoven, Somerset Hosp., Cape Town; H. Waldron, St. Mary's Hosp., Paddington; A. Wallace, Ulster Hosp., Ireland; A. White, Cottage Hosp., Uitenhage; F. Stockdale, Somerset Hosp., Cape Town.

Nursing Staff leaving to join the East African Medical Services.

Nursing Sisters.—Alice Sheldon, Guy's Hosp., London; Constance Heywood, Seamen's Hosp., Royal Albert Docks.

Staff Nurses.—L. A. Drayton, Addington Hosp., Durban; Sarah Giles, General Hosp., Johannesburg; Esther Lewis, Sanatorium, Claremont, Cape; J. M. Thirioux, Addington Hosp., Durban; L. Thomsen, Memorial Hosp., Buluwayo.

The second chapter of Part 76 of the *Times* "History of the War," issued on Tuesday, is devoted to the execution of Miss Cavell. A sketch of her work in Belgium is followed by the story of her arrest, trial and subsequent execution. The attitude of official Germany, of the Allies, and the United States towards the crime is reviewed. The illustrations are interesting and the whole chapter will be eagerly read throughout the world.

The Y.M.C.A. Recreation Hut at the 1st London (City of London) General Hospital, Camberwell (T.F.) is to be opened by the Lord Mayor, President of the Hut, on Friday, February 11th, at 3 p.m., when by the invitation of the Officer Commanding and the Chairman and Committee, friends of the hospital will be present, and tea and coffee will be served after the ceremony. The appeal for this much needed provision for the convalescent men has been extremely well supported.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Red Cross Hospital, Penoyre, Brecon.—Mrs F. Finn.

Red Cross Hospital, Highfield Hall, Southampton.—Miss E. M. Field.

Hill House Hospital, Warwick.—Mrs. Leatherdale.

Red Cross Hospital, Saffron Walden.—Miss M. Rossiter.

Holmest Hospital, Sherborne, Dorset.—Miss G. Gillman.

V.A.D. Hospital, Earl's Colne, Essex.—Miss F. Clayton.

Red Cross Hospital, Aberdare.—Miss A. Barnes.

Victoria Auxiliary Hospital, Stretford, Manchester.—Miss H. F. Lowe.

Divisional Clearing Hospital, Amphill Road, Bedford.—Miss J. A. M. Hebden.

V.A.D. Hospital, Brinkburn, Pauperhaugh S.O., Northumberland.—Miss A. W. Joss.

Windmill House, Shirley Park, Croydon.—Miss S. Cawasso.

V.A.D. Hospital, Mere, Wilts.—Miss E. Corder.

Shields.—Miss N. Cowell.
Temple Newsham, Leeds.—Miss W. M. Ward.
Mary Wardle Hospital, Stanmore, Middlesex.—Miss G. A. Wesolowski.
St. Augustine's Hall, Rickmansworth.—Miss E. A. Bird.
Red Cross Hospital, Thorpe St. Andrews, Norwich.—Miss M. Barton.
Auxiliary Military Hospital, Southall.—Miss C. F. M. Arathom.
Red Cross Hospital, Stormont House, Hackney.—Miss E. C. Kew.
St. John's Auxiliary Hospital, Porthcawl.—Miss E. D. Millington, Miss R. Kirby.
Shirley Park, Croydon.—Miss M. Brereton.
Hoole House Hospital, Chester.—Miss A. B. Williams.
Ystrad Isaf, Denbigh.—Miss L. Hogarth.
Causton Red Cross Hospital, Norwich.—Miss K. Wilson Walker.
V.A.D. Hospital, St. Anslems, W'almer.—Mrs. F. Finn.
Kingswood V.A.D. Hospital, Lansdown, Bath.—Miss C. M. C. Rogers.
Convalescent Home, Beeton, East Budleigh, Devon.—Mrs. L. M. Hockley.
V.A.D. Hospital, Normanshurst, Hartlepool.—Miss M. H. O'Connor.

Last Tuesday's "Gazette" contained a notice from the Chancery of the Order of "the Grand Priory of the Order of the Hospital of St. John of Jerusalem in England," St. John's Gate, Clerkenwell, E.C., intimating that the King has been graciously pleased to sanction a number of promotions in and appointments in connection with the Order. Amongst the Ladies of Grace appears the name of Miss Swift, the Matron-in-Chief of the Nurses' Department of the Joint War Committee.

Miss E. M. Roberts, who for a considerable time, first at St. John's Gate and afterwards at 83, Pall Mall, has been on the staff of Matrons working under the Matron-in-Chief, in the Nurses' Department of the Joint War Committee, has now left, as she has been appointed Matron of No. 1 Belgian Hospital, Store Street, W.C.

She will be greatly missed at 83, Pall Mall, not only for her good work, but for her unflinching courtesy, serenity, and personal charm. Miss Roberts was trained at St. Thomas's Hospital, and was afterwards Matron of the Monsall Fever Hospital, and Lady Superintendent of the Nurses' Co-operation, 8, New Cavendish Street, W. Miss Easton, who is already conversant with the work of the Nurses' Department, is taking her place.

By the kindness of Lady Desborough, 10 nurses at a time, sent through Queen Mary's Hostel for War Nurses, will again be able to stay at Taplow Court next month. It is an invitation much appreciated, and should to some extent relieve the pressure on the hostel.

FRENCH FLAG NURSING CORPS.

Miss Grace Ellison has received the following letter from the Princess Dénin d'Alsace, written from Neufchâteau, Vosges:—

"*MADemoisELLE.*—I have just spent six weeks here visiting the hospitals and having been several times at Rébeval, I have met the English nurses who are nursing our typhoid patients with so much devotion. Allow me, Mademoiselle, to speak to you of all the admiration that we Frenchwomen feel for these ladies who have left their country, their family, and their home in order to devote themselves to the soldiers of France. The gratitude of the patients is touching and they are unanimous in expressing their admiration and their affection. The doctors, on their side, have spoken to me of the great services which their English nurses are rendering, thanks to their technical knowledge, their discipline, and their indefatigable devotion. All the patients who leave the first division of the hospital, Rébeval, can congratulate themselves on the excellent treatment they have received. How many patients, dangerously ill, have been saved, thanks to the devotion and intelligent care they have received from their nurses!

Pardon me, Mademoiselle, for thus writing to you, but I wanted to tell you how much the work of which you are the founder is useful and renders invaluable service in the *Département de l'Est*.

Croyez, Mademoiselle, à l'assurance de mes sentiments les plus distingués.

"PRINCESSE DENNIN D'ALSACE."

This is the type of letter which rejoices the Committee and every member of the Corps, and we offer congratulations to Sisters J. Smith, Sutton, Carmichael, Lewis, Mallon, Way and Davies, to whom we know great praise is due. Sister Sutton is now acting as Supervisor, and her Irish charm of manner, warm heart, and fluent French make her services very acceptable to all concerned. Sister Sutton has been a valued member of the Corps since December, 1914. She was one of the heroines of Bergues, and after helping to bring order out of chaos, was terribly disappointed when, owing to the German bombardment, the Sisters were compelled to leave their hospitals and all the comforts they had gathered together for the well-being of the patients. The Sisters who worked through the typhoid epidemic at Bergues in the spring of last year will never forget the terrible suffering it was their privilege to help relieve.

If anyone can persuade friends to send india-rubber air cushions to 431, Oxford Street, London, W., for the F.F.N.C. they will sleep the better o' nights. A Sister who received three writes:—"I thank you very much for this splendid gift. Within an hour of receiving the rings three aching backs were receiving comfort from them, and three most grateful men were explaining to me they were just what they wanted, as they are

impossible of moving to relieve the pressure and pain. . . . We get very bad cases and I count myself fortunate to be able to do some little for them. We are all extremely happy here, and all feel we have great opportunities for good work. . . . This afternoon we visited a solitary plot of ground lying in a quiet place at the foot of the hills, it was called a 'Military Cemetery.' Here over 2,000 soldiers are buried. At the head of each is a small wooden cross giving the name and regiment of the dead, this being burnt in, in rough letters, also the name; all the same epitaph, 'Mort pour la patrie.'

GRIEVOUS and glorious! In a small portion of the cemetery Germans of the Imperial Guard are buried, and they rest quietly now side by side with the French, having the same wooden crosses marked with their name. The guns were booming all the afternoon; the work of slaughter is going on; much interesting aircraft overhead. Here it is war every way we turn, and one goes through a variety of emotions in a day's time. There is always the feeling that we are glad we came to France, and glad to be able to help even if it is in a small way."

Owing to great pressure of work in connection with the State Registration cause, Mrs. Fenwick will be at the office, 431, Oxford Street, London, W., on Saturday, February 5th, instead of on Friday. As nurses have been requisitioned in new centres, there are now a few vacancies in the Corps. A three years' certificate of general training is indispensable, and candidates must sign a contract with the French Government for not less than one year. Age between 26 and 36. A knowledge of French is desirable. Two of those selected must also hold certificates for massage.

We are glad to hear that the five members of the Canadian Unit, who are on duty at Talence, are settling happily to their work.

WAR VICTIMS' RELIEF COMMITTEE.

The Second Report of the War Victims' Relief Committee of the Society of Friends is a most interesting story of the varied work done under its auspices. Whether in the London warehouse, where 236,245 articles have been received, sorted and despatched, or at the Maternity Hospital at Châlons, and other centres in France, where district nursing and other beneficent work is carried on, the work is of extreme usefulness. Thus at Châlons-sur-Marne the number of

maternity patients has been decreased, but the hospital affords a much-needed haven of rest for women and girls from Rheims, where the hospitals are frequently bombed, and the recovery of the patients very much retarded by their environment, even if it is not abruptly cut short by a shell. Numbers have thankfully accepted the offer of treatment under tranquil conditions and have been fetched to Châlons by car. Several of the patients so received have been seriously injured by shells.

Delicate and convalescent children from Rheims who are suffering from the strain of the bombardment, are also cared for. Medical and nursing work is carried on in the devastated district between the Marne and the Meuse, huts are built, and furniture

procured for these new homes. One can hardly imagine more useful or more appreciated work.

The Wounded Allies' Relief Committee, of Sardinia House, Kingsway, W.C., have received a letter from Dr. Aspland, who was in charge of their Serbian Unit and is now a prisoner of war at Vrnjatchka Banja, Serbia, saying that he and his wife (who is also a prisoner) are well and cheerful. He cannot, of course, say when they will be liberated, but adds that they are well treated by the Austrians.



MASSAGE UNIT AT CABOURG.

MISS FENWICK, MISS NELLIE PARLIER,
SISTER J. SHILD.

THE CARE OF THE WOUNDED.

The very deepest sympathy must be felt by everyone with those brave men who have, in defending their country, suffered from nervous shock and breakdown, and one of the most beneficent bits of remedial work accomplished was initiated by Lord Knutsford, when in 1914 he made a public appeal for £10,000 to open the hospital for the treatment of such cases at 10, Palace Green—a house generously given for the purpose by the executors of the late Lord Rendel. £11,780 was subscribed, which it was hoped would support the hospital for two years. Alas! the accommodation was soon proved to be quite inadequate for the many sad cases which needed special treatment and care. Mr. R. L. Harmsworth, M.P., then kindly offered the use of Moray Lodge, Campden Hill—that charming house surrounded by three acres of ground—an ideal spot for the purpose, and the house was opened in May, 1915. Altogether 415 patients have been treated in the two hospitals with marked success, and the upkeep of the institutions has run away with the funds; but a generous grant from the Prince of Wales's Fund will enable the work to go on to the end of this year.

The Committee has now been asked by the War Office to come to a joint working arrangement with the directors of the Empire Hospital, Vincent Square, which it has taken over for those officers who are suffering from organic injuries to nerves, i.e., by bullet wounds as distinguished from the functional injuries to nerves; and the hospital at Ham Common for officers suffering from more severe mental disturbance, has also been committed to the care of the Committee. We have no doubt that the interest aroused in this work will be spontaneous and immediate.

Sir Frederick Milner has written to the *Times* to arouse the national conscience on the question of Consumption in the Army. He says:—

"Of 60 men recently discharged, as no longer fit for service, from a London hospital 22 were marked by the medical board as C.P.T.—chronic pulmonary tuberculosis. All these men have stated that they were absolutely sound when they enlisted and had never had any lung trouble in their lives. Yet as the War Office refuses to recognize that consumption can be caused by service, even if it be proved that the men were sound when they enlisted and that they contracted the disease in service, all these wretched men will be deprived of any pension, and the workhouse must be their eventual home. Will the conscience of the nation suffer this? I trust not."

The conscience of our unimaginative nation needs a good deal of instruction. We second Sir Frederick Milner's hope that the men who have fought for us under terribly trying conditions, will not be left to die without help and hope. The taxpayer must jog the conscience of the War Office in this connection.

THE BROOK WAR HOSPITAL,
SHOOTER'S HILL, S.E.

The Brook War Hospital, Shooter's Hill, is just our old friend the Brook Fever Hospital, one of the hospitals of the Metropolitan Asylums Board, commandeered by the War Office, and converted into a Military Hospital, with Lieutenant-Colonel Byles as Commanding Officer, and Miss E. M. Bann in the uniform of Queen Alexandra's Imperial Military Nursing Service Reserve as Matron. The expense of upkeep is borne by the War Office, and the nursing staff is selected by the Matron, and their uniform is selected by her. The uniform chosen for the Sisters is military grey washing material with scarlet stripes at the wrist, and with it is worn the Army cap. The staff nurses wear grey with sleeves to the elbow, and white sleeves to slip on to meet them.

The capacity of the hospital is some 1,000 beds, a considerable increase on that under the M.A.B., where the beds were placed very wide apart. Now the wards hold 43 beds easily counting the separate side ward in which are three beds—a very great advantage as specially serious cases, and suspicious cases of infectious disease, can be isolated.

The Brook Hospital is extremely well planned. Each ward is approached by a short corridor, on one side of which is the small ward aforementioned and the kitchen, and on the other a larder, the linen store, and the bath room. At the farther end of the wards are wide balconies where patients can be nursed day and night in the open air.

A certain number of the M.A.B. probationers have remained in the hospital and the Board will recognize a year's service, combined with two year's infectious work as qualifying for its certificate. Some V.A.D. workers also undertake some of the domestic work, and clerical work connected with the hospital. An innovation in a military hospital is the employment of ward maids, instead of orderlies, but as far as possible men are being released for active service. Women also reign in the kitchen and the laundry. In the former there is a busy staff who cook for the patients as well as the medical, nursing, and domestic staff. An interesting machine in use there is one which slices bacon into rashers of appetising thickness (or should it be thinness?); the meat also after being boned is cut into tempting slices by the same machine.

Another section of the hospital includes two new theatres, spacious and admirably arranged and fitted with every requirement. The electric lights are excellently concealed, with the exception of one over the operating table, in zinc troughs, the light being reflected against the ceiling and diffused. In the adjoining sterilizing room, drums of dressings are sterilized daily for the wards as well as for the theatre.

The X-ray room, which is also a new addition, is a most interesting department—shrapnel, bullets, and other foreign bodies can be localized

with precision and not only—what their exact depth from the surface can be estimated to the fraction of an inch. The slides taken in this department are most fascinating, and it is evident that the work is in the hands of an enthusiast in the subject.

Another section of the hospital is the chapel, quite unpretentious, but dignified and reverent—where not only Sunday but week day services are held, a member of the nursing staff presiding at the harmonium.

In the Nurses' Home there are comfortable sitting rooms with plenty of easy chairs, sofas, and each nurse has her own separate bedroom, and there is a bath room to every eight bedrooms, a luxury—not to mention a necessity—calculated to arouse envy in nurses trained in the eighties, who waited in queues for "the" bath, and its tepid comfort when secured at last.

Will one of the lessons of this war be that outlying hospitals are quite accessible to London Consultants now that motor cars are obliterating time and space, and that it is no longer necessary to maintain large hospitals in the centre of London with land at a fabulous price per yard, when on the breezy heathland outside the metropolis patients can have the advantage of pure air which combined with good food is a most potent aid to recovery?

THE HEATH PRIZES.

You have chosen a noble career," said the Lord Mayor of Newcastle, Councillor George Lunn, to the nurses of the Newcastle Poor Law Infirmary on the 27th inst, when he presented certificates and the Heath prizes to the successful nurses of that institution.

Mr. J. Pearson, the chairman of the Infirmary Committee, presided and the Lord Mayor was accompanied by the Lady Mayoress and the Sheriff of the city, Councillor W. Bramble.

"There is," proceeded the Lord Mayor, "no finer profession for the exercise of the gifts of womanhood than the profession of the skilled nurse, and there never was a time when the value and worth of the work done by the nurses was more recognised than it is to-day."

Councillor Edward Lonsdale, who introduced the Lord Mayor paid a warm tribute to the work done by the Matron, Miss Sharpe, and her staff. Three of their Sisters were in Egypt, some in Serbia, and several in France.

Certificates were awarded to the following:—Nurses Smith, Cook, Thom, A. B. Thoms, Fowler Crake, Jones, McKenna, Robson, Bavidge, Cawley, and Scott.

The winners of the Heath prizes for the third and final year were:—Nurse Smith, 1; Nurse Cook, 2; Nurse Thom, 3.

The second year prize winners were:—Nurse Young, 1; Nurse Matthews, 2; Nurse M. A. Thoms, 3.

The first year prize winners were:—Nurse Montgomery, 1; Nurse Johnson, 2; Nurse Tyzack, 3.

THE INTERNATIONAL COUNCIL OF NURSES.

REPORTS OF DELEGATES TO MEETING OF INTERNATIONAL COUNCIL OF NURSES, SAN FRANCISCO.

Reports had been prepared by both Delegates of the National Council of Trained Nurses to the Meeting of the International Council of Nurses at San Francisco in 1915 (Miss A. E. Hulme and Miss Beatrice Kent), for presentation on January 21st, but owing to the late hour at which the Matrons' Council Meeting concluded, Miss Hulme did not present her report which we publish below.

REPORT PRESENTED BY MISS A. E. HULME.

You have read of our doings in THE BRITISH JOURNAL OF NURSING, and my co-delegate, or, as the Americans say, my side partner, Miss Kent, is prepared to give you further details of our memorable and never-to-be-forgotten tour through America and the Dominion of Canada. I will therefore not take up your time with any account of our travels.

There is just one point I should like to touch on before I proceed to business, for, to my mind, it will outlive all the other joys and interests of our trip.

When the surpassing beauties of the Canadian Rockies, and the magnitude and wonders of the Grand Canyon of Arizona have somewhat faded from our memory, when the glowing colours of beautiful California have become a dream of the past, there will still remain to Miss Kent and myself painted in vivid colouring the happiest remembrances of the warmth of the welcomes bestowed on us, the generous hospitality lavished on us, the kindly interest shown to our beloved profession in all her struggles for liberty and professional freedom, and last, but not least, the sympathy, I may say affectionate sympathy tendered to our dear country in her present need and dire distress.

The business meeting of the International Council was held at the Clift Hotel, San Francisco, on June 21st, and was of quite an informal character.

Miss A. W. Goodrich, R.N., the President, was in the chair, and Miss Genevieve Cooke, in the much lamented absence of Miss L. L. Dock, acted as Secretary.

Others present were: Miss Palmer, Editor of the *American Journal of Nursing*; Miss Knottenbelt, official delegate from Holland, who also represented the professional journal of her country, *Nosokomos*; Miss Hunter, formerly Matron of the General Hospital, Brisbane, who was invited to be present as a fraternal delegate from Australia, though the nurses of the Commonwealth are not yet affiliated through a National Council to the International Council of Nurses; Miss Annie Hulme and Miss Beatrice Kent, delegates from the National Council of Trained Nurses of Great Britain and Ireland.

The President explained that the meeting was called merely to keep the business of the International Council together. A meeting of the New York Committee had previously been held to consider International affairs.

The balance sheet sent by the Hon. Treasurer, Miss Margaret Breay, was read and adopted.

It was proposed by Miss Cooke, seconded by Miss Kent, and carried unanimously that Miss Breay, Hon. Treasurer, and Miss Dock, Hon. Secretary, be asked to retain office for the next triennial period. It was also agreed that the invitation from Denmark to hold the next Congress of the International Council of Nurses at Copenhagen be accepted, and that Mrs. Henny Tscherning should be invited to accept the office of President.

It was proposed by Miss Hulme and seconded by Miss Knottenvell that Miss Goodrich should be elected an Hon. President of the International Council upon her retirement from her three years' term of office in recognition of her services during that period.

This resolution was carried with acclamation. Much regret was expressed that Miss Wright, the Canadian delegate, was absent through illness. The meeting then terminated.

Miss Hulme's Report will be read with much interest.

ADDRESS BY MISS BEATRICE KENT.

Miss Kent, with the aid of two excellent maps then gave the meeting an interesting account of the experiences of Miss Hulme and herself, from the time when they were met by Miss Dock on their arrival in New York Harbour, on June 3rd, until their return there after visiting California, Alaska, and journeying across Canada.

She spoke of the kindness and hospitality shown them by Miss M. A. Nutting and A. W. Goodrich at Teachers' College where they had the pleasure of seeing a Greek play, and by many other Superintendents and nurses in New York, and then of the journey to San Francisco on the Nurses' train which started with 20 nurses, and arrived at the journey's end with 150, besides 50 friends, the scenery seen from the observation car including desert States, with arid plains, over which prairie dogs roamed, and then the Grand Canyon of Arizona, whose wonder and mystery, needed, said the speaker, a most eloquent tongue to describe. It is a titanic chasm 270 miles long, 13 or 14 wide and a mile deep, through which the Colorado river flows, and its glorious colouring includes every colour in the spectrum. On a picked site on the rim is an hotel with a large, long terrace from which various aspects of the canyon can be viewed, as also from the Rim Drive. It is possible to visit the floor, in which case the descent is made by the Bright Angel trail or the Hermit trail, but both are very precipitous and rather dangerous.

The next point of interest was Riverside, where the delegates were met by members of the State Nurses' Association. (Miss Hulme has

already described in THE BRITISH JOURNAL OF NURSING the Riverside Hotel, and their visit to the summit of Mount Rubidoux, where a wooden cross commemorates the foundation of the first of 21 missions established by the Spanish Fathers of the Order of St. Francis of Assisi in the eighteenth century.)

Miss Kent then went on to tell of Los Angeles, where again they were met by members of the State Nurses' Association. She was much interested in the women police. It was in Los Angeles that the first woman policeman was appointed, and she has done a wonderful work. No child under 18 is admitted to prison under any circumstances, and no girl under 21 for more than one night. But the prisons are used as places of rescue as well as of punishment.

The Yosemite Valley was described by Miss Kent as most wonderful. A river runs through the gorge. The delegates were taken in brakes which dashed down headlong, to the centre of the valley where they lunched, and then went on to the National Park, where the giant trees—redwoods and others—the oldest and largest in existence, supposed to be 8,000 years old, are one of the sights of the world. Miss Kent showed a photograph illustrating their immense height. One is known as the Grizzly Giant, and another the Fallen Monarch, nothing kills them, and standing inside the fallen giant they looked up to see green bows overhead.

On again to Santiago, where there was a beautiful Exposition, and so to San Francisco, where the Nurses' train arrived ten days after it left New York.

Miss Kent described the colouring of the Exposition buildings as very wonderful. A French colourist had been employed to design a scheme in harmony with the brilliant colouring of the bay, and the effect was very striking.

Describing the meetings of the Congress, and her intercourse with American nurses, Miss Kent expressed the opinion that their progress since they have obtained State Registration is little short of marvellous. All they are doing is due to the power behind them which Registration gives. The keynote of the Congress was education, and more education, and the papers presented were remarkable for their high tone and idealism.

This fact indeed was alluded to by Dean Gresham, who in addressing the Congress said:—

"I think it must be apparent to all who have heard those delightful papers that a fine strain of idealism and spirituality runs through them. It seemed to me as I listened that there is hardly any place for the official ministry which I represent, because the ideals for which that ministry stands are so beautifully exemplified in the active service of such women as yourselves. I had no conception that there would be that note, or to such an extent. It seems to me that it augurs most promisingly for the spiritual effectiveness of the work upon which you are about to enter. Will it not be a very beautiful thing if, in addition to all those wonderful objects upon which your eyes

will rest, in addition to all the sweet associations which you will make here for the rest of your lives, you can receive a higher vision than any, perhaps, that has ever controlled your actions, and so go back to your tasks, wherever those tasks may be, resolved that you will not be disobedient to that heavenly vision?"

The Dean had just been listening to a paper by Miss Mary S. Gardner, R.N., President of the National Organisation of Public Health Nursing. She was not able to be present, and her paper was read by Miss Crandall.

Here are the closing words of her excellent

"It is for us so to meet the responsibilities of our day as to open ever wider opportunities to those who follow us, caring little whether we ourselves are permitted to see the results of our labours, and nothing at all whether such results bring us personal credit. Only in this way, in true humbleness of spirit yet with the pride born of consciousness of the power of opportunity, shall we be worthy to place our gift with those of others on the altar of service, so gaining the blessing of strength which comes of united effort."

A new development of work in connection with nursing organisation in the United States is, said Miss Kent, the National Bureau of Legislation and Information, which holds a watching brief over legislation. Each member of the Committee has certain States assigned to her.

Summing up her impressions of her visit, Miss Kent said she was much impressed with the wonderful organisation of American nurses, who achieved because they aspired. It was only thirteen years ago since they began to work for State Registration, and now it was in force in forty-two States. American nurses were now capable of anything.

It did not make her envious. That would be quite contrary to the spirit and comradeship of internationalism, but it did make her ache to think how long Mrs. Bedford Fenwick and others had been working, and nurses in the United Kingdom had been asking, for legal status, and still there was no Act on the Statute Book.

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations: Miss A. E. Hulme, £5; Miss B. Kent, £5; Miss B. Cutler, £1 1s.; Miss M. Heather Bigg, 15s.; Miss Bryson, 10s.; Mrs. Myers, 10s.; Mrs. Shuter, 10s.; Anon., 5s.; and Miss E. Farrington, 2s. 6d.

The anonymous donor of 5s. who kindly subscribes herself "One of your admirers," writes:—

I am sure many of us are grateful to Miss Lee for expressing our views so well, unfortunately few of us have the power of speech or the gift of writing, but for us remains the gift of money, to help those who can to fight for us.

"I enclose 5s. as a small contribution to the war-chest."

VOLUNTARY REGISTRATION IN AUSTRALIA.

It is evident that efforts are being made to assume that the Scheme outlined by the Hon. Arthur Stanley, for the organization of the Nursing Profession, is similar to the Voluntary System of Nurses' Registration which is in force in Australia. Thus we read in the last issue of the *Guy's Hospital Gazette*:—

"Pending a possible State measure, is a voluntary scheme serviceable? Such a proposal is being made to all the large training schools under the auspices of the British Red Cross Society.

"A voluntary combination of training schools to form a Nursing College, with power to arrange curricula, hold examinations, and grant certificates.

"Australia has had for years such a system, which, being loyally supported, has become so strong that it is almost as powerful as law. Australia is now seeking State Registration, but the voluntary system has led the way and done useful work for years."

The two schemes have nothing in common, for that which has been inaugurated with so much success in Australia was established by the nurses themselves with the help of the medical profession, through their professional organizations. The Australasian Trained Nurses' Association, and the Royal Victorian Trained Nurses' Association, first organized the nurses in the various States of the Commonwealth, and defined nursing standards, and then through the influence they were able to bring to bear, secured the establishment of a minimum curriculum, followed by examinations, established by the two Associations, and the recognition of only such training schools as conformed to the standard they imposed.

There is no similarity between such a scheme and the proposal that lay governors of hospitals shall be the preponderating factor in determining standards, appointing examiners, giving a certificate of efficiency, and exempting their own training schools from conforming to independent tests of efficiency. Hospital authorities in Australia are to be congratulated on the sensible way they co-operate with the nursing profession. But even so nurses in Australia, as in other parts of the world, are working to secure legal registration, and indeed, in Victoria, seem nearing the attainment of their goal. The last news to hand is that the Nurses' Registration Bill was being considered in Committee by the Legislative Council, on the 1st of last month, and any day we may open our morning paper to find that the Bill has been placed on the Statute Book.

The opening of the Empire Nurses' Home at Cairo at the beginning of January was quite an event in the nursing and social world. Contributions towards the furnishing and up-keep are still required.

APPOINTMENTS.

MATRON.

Calverley Joint Hospital, Calverley Moor, near Bradford. Mrs. M. DAVIES has been appointed Matron. She was trained at the Royal Infirmary, Derby, and has held the appointment of Night Sister at the County Hospital, Dorchester, and the Rotherham Hospital. She has also been Home Sister and Deputy Matron of the Kingston (Hull) Nursing Association and Matron of Chailey Isolation Hospital.

SISTER-IN-CHARGE.

Fishmongers' Hall Hospital, London Bridge.—Miss Bean has been appointed Sister-in-Charge. She was trained at the Seamen's Hospital, Greenwich, and has held the position of Sister at the Throat Hospital, Golden Square, and at the Hospital for Infectious Diseases, Wimbledon.

HOME SISTER

Holborn Union.—Miss Flora Cecilia Grigg has been appointed Home Sister. She was trained at St. Pancras Infirmary (South), and has held the position of Ward Sister, both in that Infirmary and at the Park Hospital, Hither Green.

SISTER.

War Hospital, Stratford-on-Avon.—Miss E. A. Oliver has been appointed Theatre and Ward Sister. She was trained at the Royal Infirmary, Edinburgh; and has been Out-patient and Theatre Sister at the Birmingham and Midland Eye Hospital, Night Superintendent at Moorfields Eye Hospital; Sister at the Beckett Hospital, Bansley; and Matron at the Keswick Hospital.

SUPERINTENDENT NURSE.

Blackburn Union.—Miss Elizabeth Littlewood has been appointed Superintendent Nurse. She was trained at the Ashton-under-Lyne Union Infirmary, and has held the position of Superintendent Nurse at the Winchester Union Infirmary.

HEALTH VISITOR.

County Borough of Smethwick.—Miss C. Goodwin has been appointed Health Visitor. She was trained at the General Hospital, Birmingham, and has also had experience at the Middlesborough Sanatorium, and the Cancer Hospital, Fulham Road, S.W.

QUEEN VICTORIA JUBILEE INSTITUTE.

Her Majesty Queen Alexandra has been pleased to approve the appointment of the following to be Queen's Nurses to date January 1st, 1916:—

ENGLAND.

Margaret M. Burns, Gertrude M. Tew, Florence E. Berry, Ida L. Benson, Gladys N. Wide, May A. Smith, Janet Macleod, Grace Edwards, Nellie Hewitt, Elsie M. Bungay, Ada E. Richards, Maud M. Deegun, Janet M. H. Maxwell, Lilian H. Howells, Violet E. Howells, Margaret A. Perkins, Elined Jones, Anne J. Whalley, Juliana Albery, Harriet E. Griffith, Ethel M. Jeary, Mary A. Jones, Beatrice Ryder, Minnie Ward, Ellen L. Roberts, Margaret Bloor, Annie Longworth, Jessie Everatt, Hilda Staniforth, Myra Martin, Kate Owen.

SCOTLAND.

Elizabeth L. Clark, Williamina Thaw, Ada B. White, Janet W. McCulloch, Elizabeth H. Parker.

IRELAND.

Mary A. Holmes, Bridget Horan, Annie A. MacNamara, Anna M. O'Donoghue, Teresa Walsh.

TRANSFERS AND APPOINTMENTS.

Miss Lily M. Jenkins is appointed to Street; Miss Alice B. Whitehead, to Hungerford; and Miss Alice Vernon, to Manchester (Salford).

PRESENTATION TO MISS J. MELROSE, R.R.C.

Miss Melrose, the well-known Matron of the Royal Infirmary, Glasgow, and Principal Matron of the 4th Scottish General Hospital, Stobhill, who was one of those awarded the Royal Red Cross amongst the New Year's Honours, has been presented by the nursing staff of the Royal Infirmary with an amethyst and pearl brooch as a memento of the occasion.

Sister M'Guire, who made the presentation, emphasised the pleasure felt by the nursing staff at the honour conferred by the King upon Miss Melrose. Her organising talent had been invaluable since the outbreak of war. In the name of the nursing staff she asked Miss Melrose to accept their gift as a token of their high esteem.

In reply, Miss Melrose said that the honour conferred upon her belonged as much to the Sisters and nurses as to herself. She had always been proud of her nurses, but never more so than now when three members of the present staff of the Royal Infirmary and five more of those trained there were mentioned in despatches. She was also grateful to the nurses who had decided to remain at home, and forego all opportunities of glory for the added arduous work of home hospitals.

Miss Marion Macdougall, Queen's Nurse at Grantown-on-Spey, who has resigned her position, has been presented by the executive committee of the local nursing association with a handsome gold pendant.

THE PASSING BELL.

We regret to record the death of Miss Mary Gray, one of the staff of the Scottish Women's Hospital at the Abbaye du Royaumont, for which position she volunteered, with her elder sister, early in the War. Both sisters came home in the autumn on leave; and four weeks ago she underwent an operation for appendicitis, and eventually succumbed to its effects on a constitution already below par.

We regret that the report of the Annual Meeting of the Bath branch of the National Union of Trained Nurses is unavoidably held over till next week.

NURSING ECHOES.

The Queen has consented to unveil the memorial bust of Florence Nightingale which has been placed in the crypt of St. Paul's Cathedral.

Some day this month is to be arranged for the ceremony, and the decision of Her Majesty will be very gratifying to the Nursing Profession as a whole, as they have not yet quite forgiven the authorities for delegating the unveiling of Miss Nightingale's statue in Waterloo Place last year to a couple of workmen!

The 24th Annual Meeting of the Darlington Queen's Nurses' Association was recently held in the Council Chamber. The Mayor presided.

The report, read by Mr. G. R. Tyreman, stated that the Association had just sustained a very great and tragic loss by the death of their president, the late Mrs. Arthur Pease, who was the originator of the scheme for providing trained nurses for the town. When, twenty-four years ago, the Association was modestly started with one trained nurse, Mr. and Mrs. Arthur Pease undertook to defray the expenses of the experiment. It proved so successful and received so much sympathy and support from the medical profession and others interested in the welfare of the town, that it rapidly expanded to its present important position. The past year had been one of many changes and difficulties. The continued demands made by the war on the services of all trained nurses had made it almost impossible to obtain either candidates or trained nurses for district work, and much of the work had to be carried out by temporary nurses, all thoroughly competent. This had involved a heavy additional expenditure, and they had not been able, in view of their financial position, to keep up a full staff, and four nurses had been employed instead of five as hitherto. The Association had been inspected on behalf of the Queen Victoria's Jubilee Institute for Nurses, who had reported that the work seen was carefully done, and that the Home was in excellent order. During the year the nurses had attended 560 cases, and had made 14,119 visits in connection with them.

The balance-sheet showed a total increase, including £389 7s. 4d., from subscriptions of £658 13s. 11d., and a credit balance of £71 18s. 6d. at the end of last year had been converted to a debit of £3 2s. 8d.

A motion was unanimously adopted deploring the loss to the town sustained by the death of Mrs. Arthur Pease, and Mrs. Arthur Francis Pease was elected president in her place.

The compulsory registration of massage establishments and lying-in homes under the London County Council is now in force, and this legislation has undoubtedly resulted in the closing of many so-called "massage" establishments. About 100 applications for registration have been received, and some two dozen licenses refused. We hope that, for the benefit of the public, and of the proprietors of *bona fide* establishments, a list of those registered will eventually be published.

THE SCOTTISH NURSES' ASSOCIATION.

Mrs. Strong, President of the Scottish Nurses' Association, was in the chair at its annual meeting on Thursday, January 27th, held in the Masonic Hall, Glasgow. In her presidential address Mrs. Strong said that there was now a consensus of opinion that there should be one Bill for the registration of trained nurses in the United Kingdom, and the Societies supporting the movement had joined hands in affiliation with the Central Committee for the State Registration of Trained Nurses. At the same time the Scottish Nurses' Association preserved its individuality for the protection of the interests of its members. She also drew attention to the proposal of the Hon. Arthur Stanley, M.P., to establish a Nursing College and promote a scheme for the voluntary organization of nursing under the Board of Trade. Presumably such a College would have London as its headquarters, and she did not think it would meet the needs of the nurses.

Voluntary classes for women who wished to qualify as nurses had been established in Glasgow, in connection with the Royal Infirmary, since 1893, but they had not been taken advantage of except by the nurses of that institution. The State could enforce uniformity through a common curriculum of preparatory education, and by making it unlawful for any hospital to receive pupils for training without a State certificate.

Miss M. Russell Smith, the interim Secretary, reported a balance in the bank of £90 14s. 3d.

The report referred with gratification to the honour accorded to Miss Denton and Miss Ritchie Thompson, both members of the Association, who had been mentioned in dispatches by Lord French.

The adoption of the report was moved by Dr. Elizabeth Gilchrist, who advocated one portal of admission to the Nurses' Register, which could be secured through the agency of a Central Nursing Board.

Dr. McGregor Robertson also spoke on the work of the Association.

LEAGUE NEWS.

The Leicester Royal Infirmary Nurses' League held its winter general meeting on Wednesday, January 19th, in the Nurses' Home of the Infirmary. The proceedings commenced with a meeting of the Council. Two new members were elected. After other business was concluded, Miss Pell Smith said she wished to tell the League that she proposed to hold a meeting of nurses in the town with the object of explaining the Hon. A. Stanley's scheme for organizing the profession to them, and she hoped the League members would attend.

The Council meeting was followed by the general meeting, which was entirely social, just tea and talk. Letters of regret at absence had been received from many members, both at home and abroad, with wishes for an enjoyable meeting. A few came from London and from the county, and were very pleased to enjoy tea and a chat with old friends who had returned to Leicester to work in the Military Hospital. Tea tables and comfortable chairs were tastefully arranged in the main corridor of the Home.

During tea Miss Wade rose and offered Miss Vincent (Principal Matron 5th Northern Territorial Hospital) congratulations, in the name of the League, on having been awarded the Royal Red Cross, and said the League felt several inches taller for this honour conferred on one of its vice-presidents. This was seconded by Miss Braye, and carried with acclamation. Miss Vincent thanked the League for their congratulations. Miss Wade also proposed that good New Year wishes be sent to the President, Miss G. A. Rogers, who was unable to be present. Miss Pell Smith seconded this, and three cheers were given for the President.

After tea Miss Warren and Miss Dora Rice, accompanied by Miss Dalley, sang several songs, which were much enjoyed, and after singing the National Anthem, the members dispersed to their several duties.

JUSTICE FOR WOMEN IN MANITOBA.

A Woman's Suffrage Bill, giving women not only the Parliamentary vote, but the right to sit in Parliament, has been passed by the Manitoba Legislature. Manitoba is one of the Provinces of Canada in which a Nurses' Registration Act is in force, so it is now quite a corner of the world in which women may find scope for their best energies.

BOOK OF THE WEEK.

"THESE TWAIN." *

We must look forward to any fresh work of Mr. Arnold Bennett's with pleasurable anticipation. We cannot call the present volume a fresh creation, as it is a continuance of the history of the fascinating personages in "*Clayhanger*" and "*Hilda Lessways*." The author continues through a long volume the daily life in its minute details of Hilda married to Edwin Clayhanger, who had taken her and her illegitimate child George into his heart and home. Lest our readers have not read, or do not remember the foregoing history of these people, we must remind them that Hilda's misfortune was due to George Cannon's bigamous marriage with her, she being ignorant of the existence of his real wife. In order to thoroughly enjoy this masterly succession of novels it is necessary to acquire the Arnold Bennett cult. We suppose that there are numbers of persons to whom they make no appeal, or who are, indeed, somewhat irritated by them. But in our experience the more one reads the more one falls under their peculiar spell, and the endless self-analysis of mind and trivial incident, gradually unfolds before us the realisation that it is the work of a genius in character study, and an expert for probing into the motive that is behind the apparent commonplace of daily life. Mr. Arnold Bennett leaves nothing commonplace; everything he touches becomes vital and interesting. We cannot attempt to deal with the story as a whole, or even to attempt to account for its many personalities; we ask our readers to obtain the book and read it.

Hear Hilda's views as house-mistress. "Yes, she took her oath that her house should be intelligent and agreeable before it was clean. She pictured Auntie Hamps gazing at a layer of dust in the Clayhanger hall, and heard herself saying, 'O, yes, Auntie, it's dust right enough; I keep it there to remind myself of something I want to remember.' She looked round Auntie Hamps' sitting-room and revelled grimly in the matron's catalogue of its mean ugliness. And then Auntie Hamps came in, quite unconscious that she was dead and that her era was dead, and that Hilda was not guiltless of the murder."

Hilda, at the works, had criticised the conduct of Big James, the impeccable foreman.

"The implication that Big James was a fraud, and that he, Edwin, was simpleton enough to be victimised by the fraud, while the great, all-seeing Hilda exposed it at a single glance, and the implication that he, Edwin, was fussy at home and negligent at the works!

"Don't work yourself up, darling,' she counselled with kindness and concern, as he went out of the room. 'You know how sensitive you are.' It was a calculated insult, but an insult which had to be ignored. To notice it would have been a grievous tactical error."

* Arnold Bennett. Methuen & Co., London.

character that is outlined with masterly strokes.

How often had Clara seen this in women of mutual passion? They were nothing but parents, eternally preoccupied with 'oughts,' and 'ought nots,' and forbiddances and horrid reluctant permissions. Hilda was hard enough on George sometimes, but in that moment she would have preferred George to be a thoroughly rude, bad boy, and herself to be a woman abandoned to every licence rather than he and she should resemble Clara and her offspring.

"Clara smiled down at the boy sleeping in her lap. She was happy. Hilda wished once more that George was only two and a-half years again. She was envious, and yet a minute ago she had been execrating the family life of the Benbows. The complexity of the tissues of existence was puzzling."

No novel is complete without a conception of the trained nurse. Here is Mr. Arnold Bennett's: "He wanted to chastise the nurse. He imagined an endless succession of sufferers under her appalling inimical nonchalance. Who had allowed her to be a nurse? Had she become a nurse in order to take some needed revenge against mankind? And then he thought of Hilda's passionate succouring tenderness when he himself was unwell."

Such a conception of our profession from such a student of human nature as Mr. Arnold Bennett gives us pause.

H. H.

COMING EVENTS.

February 5th.—Irish Nurses' Association: Meeting Executive Committee. 34, St. Stephen's Green, Dublin. 8 p.m.

February 7th.—Advanced lectures on Infant Care: "The Physical Development of the Child." Dr. David Forsyth, F.R.C.P. 1, Wimpole Street. 5.30 p.m.

February 9th.—Lecture on "Venereal Disease in Relation to Still Birth." Dr. Eardley Holland. City of London Lying-in Hospital, City Road, E.C. 5.

February 12th.—The National Council of Trained Nurses of Great Britain and Ireland. General Meeting of Members to consider a Circular Letter, addressed by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee to Committees of Hospitals, proposing a voluntary scheme for the organisation of Nursing Education and the Control of the Nursing Profession. Large Hall, Royal Society of Medicine, 1, Wimpole Street, London, W. 4 p.m. Trained Nurses who are not members of affiliated societies can obtain tickets from Hon. Sec., 431, Oxford Street, London, W.

February 17th.—Central Midwives' Board: Penal Board, 11 a.m.; Monthly Meeting, 3.30 p.m. Caxton House, S.W.

February 18th.—Central Midwives' Board: Penal Board. 11 a.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE SCOTTISH SOCIETY OF TRAINED NURSES SUPPORTS STATE REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been instructed to communicate to you that this Society views with disapproval the scheme proposed by the Hon. Arthur Stanley and certain statements made by him, in a circular letter which has been addressed to Hospitals and Nurses.

To enumerate the disadvantages of such a scheme is quite unnecessary, but may be briefly stated. Firstly, a voluntary system of education and a voluntary Register have been tried and found ineffective.

Secondly, the scheme proposed by Mr. Stanley has been promoted without reference to the organizations of the Medical Profession or Trained Nurses.

In regard to Mr. Stanley's statements, it may be said at once that while some are misleading, others are incorrect. He states that there is no desire on the part of those responsible for the training of nurses, or nurses themselves, for "any system of State Registration." As a Member of Parliament, Mr. Stanley must be well aware that a Bill is now before Parliament which has the support of the Medical Profession, and every organization of trained nurses which may be termed national, in the United Kingdom of Great Britain and Ireland.

His reference to the Royal Colleges of Physicians and Surgeons organizing teaching and examination (through the Conjoint Board), is calculated to mislead, because he omits to add that an unregistered M.R.C.P. and M.R.C.S. has no legal status in public or private practice.

Finally, an unlimited scheme such as Mr. Stanley's, which aims at herding together along with trained nurses, "all other women," is dangerous. At the last meeting of members of this Society, the following resolution was adopted *nem. con.*: "That this meeting of Members of the Scottish Society of Trained Nurses supports the Bill for the State Registration of Trained Nurses now before Parliament, and further resolves that the passing of an Act is of importance, not only in the interests of Trained Nurses, but for the protection of the Public against inefficiency and imposition."

I have the authority of the Council of this Society to respectfully urge upon the Central Committee for the State Registration of Nurses the extreme need for the passing of an Act at the present time and before the end of the War, when, if an Act is not in force, confusion amounting to

disaster will, without doubt, overtake the lot of Trained Nurses and the Sick.

Yours faithfully,

E. A. STEVENSON,

"Bay View,"

Hon. Secretary.

Johnshaven, Kincardineshire.

CONSCIENTIOUS PROFESSIONAL CONVICTIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In these wobbling times, when so few people apparently are firmly convinced of anything, I wish to thank you for the clear lead you have given us, in THE BRITISH JOURNAL OF NURSING, on the proposal made by the Hon. Arthur Stanley to once more attempt to organise the Nursing Profession on a voluntary basis. With you, I am firmly convinced this can never be effectively done, and any such scheme at this time in the history of nursing organisation can only be a makeshift, and will not satisfy those of us who have conscientious professional convictions. We have had enough makeshifts in this country, and many of us have grown old in watching their failure. What is imperative considering the contending interests in the nursing world is that the State should authorise the Governing Body—thus giving legal status to registered nurses—and that it should be left to that body to gradually define nursing qualifications during the three years' term of grace provided for in the Nurses' Registration Bill. I fear the new Nursing College Scheme is bound to be an apple of discord. We registrationists know it can have little real influence either on nursing education or discipline. I for one should only register under a legal system, and there are thousands of like mind; so that no real co-operation can be hoped for unless the State defines nursing qualifications. Presumably hospital Committees helping to nominate the Managing Board could compel their nurses to submit to its jurisdiction so long as they were under their authority, but they have not a scrap of right to control them unless they are in their paid service.

The present scheme comes dangerously near to coercion—it certainly proposes to tamper with personal liberty—and I should resist its influence on these grounds, if not on others. Under the Nurses' Registration Bill no nurse need register her present qualification or submit to the examination defined by the Central Nursing Council unless she chooses. Lord Knutsford has told us on several occasions no London Hospital nurse would ever submit to the indignity of such a test—that there will always be "London Hospital" nurses, whatever happens to the common herd! Yet every London Hospital nurse I have ever spoken to is a convinced registrationist. We have no wish to coerce anyone, our Bill is not compulsory; but my experience of hospital committees is that their regulations usually are. If only large hospital committees would realise that the registrationists are not revolutionists, but primarily

educationalists, they would be less fearful of the results of legislation. Anyway, I shall go on working for organisation by the State, even if I do not live to see the result of such beneficent legislation, and I hope others will be equally steadfast.

Yours truly,

New Southgate.

H. HAWKINS.

A PROFESSIONAL QUESTION WITH VITAL ISSUES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have carefully read the proposals set forth in the Hon. Arthur Stanley's circular letter, which was published in the JOURNAL on January 8th. Can you make it quite plain to nurses that the proposed Council of Management for our profession is to be *nominated* and not *elected* as provided for in the Nurses' Registration Bill? Thus the rank and file will be governed without their consent, and they will have no redress. This is a most undemocratic and dangerous principle, and quite out of touch with the feeling of the age. I am not questioning the good intentions of the proposer of this new scheme, but quite frankly we working women cannot agree to be governed by the leisured classes, and this is what the proposal amounts to. No one can have realised the result of such government through the Joint War Committee without realising how bitter is the feeling amongst trained nurses at the invidious position in which in many instances they have been placed, and how deeply they resent the patronage of men and women who may mean well but who have no real respect for working women. I shook the dust of the Red Cross Society off my plebeian shoes in the early days of the War, and hope the registrationists will do all in their power to oppose the constitution of any governing body for our profession which is not largely elective, and which does not provide the safeguard of self-government for the workers through State authority.

Yours truly,

E. W.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As Miss Kent so ably championed the cause of State Registration recently in the *Daily Telegraph*, I would like to suggest she might point out to the public: that nowadays as hospital committees appoint Matrons who do not hold with the traditions and views of the training schools over which they are to preside, Lord Knutsford's announcement, that Matrons of large London hospitals are opposed to State Registration, only means they are so *individually* as Matrons of the hospital, and have no right to pledge the members of the nursing staff.

I am,

Yours faithfully,

A MEMBER OF THE STATE REGISTRATION SOCIETY.

THE BOYCOTT OF THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—How nice it would be if we were to acquire the habit of calling things by their right names and so save ourselves much disappointment! We have no "Free Press" and we know it. It is a very serious hindrance to progress. The press is supposed to be the educator of the people. In many cases it strangles education. I believe the public would really like to learn more about State Registration for Nurses; but it is impossible that they can learn it through the press which deliberately boycotts this educational movement. I was much obliged to the *Daily Telegraph* for publishing my letter a few days ago, but when Lord Knutsford replied to it making *incorrect statements*, it was not generous or just enough to allow me space to correct them. We badly need legislation which will lessen the autocratic power of the press, and make its boasted freedom a reality instead of a deception.

BEATRICE KENT.

London, N.W.

ORDERLIES IN MILITARY HOSPITALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—After having read in a copy of THE BRITISH JOURNAL OF NURSING for November 27th, 1915, an article entitled "Our Orderlies," by "A Ward Sister," I felt that such an article could only create a false influence on other people's opinions of the orderlies.

It is evident that the writer of that article expected to find young men who had arisen from the leaves of that excellent treatise of Elizabethan days, viz., "Utopia."

In any case, the article conveys the impression that the orderlies do nothing but shirk, and are in a position to carry on practically as they wish within limits.

This is not the case, and it is my endeavour to put the orderlies' case as clearly as possible, so as to counteract "A Ward Sister's" false impressions.

When war broke out, apart from the Regular R.A.M.C., there were actually very few trained orderlies who could be called upon. There were Territorial R.A.M.C. Companies, but these were either already stationed at their posts or were attached to their respective divisions.

But many hospitals were taken over, and reorganised as military hospitals; and in order to staff these, many men were enlisted, and as soon as these hospitals were equipped, they were put into use.

These men had had scarcely any training, and what training they had received was such as was of no use in the actual care of the sick and wounded—namely, foot-drill, scrubbing, mopping, and a few lectures.

Who should go into the wards as nursing orderlies was decided by the authorities, and consequently men who had no aptitude for such work were chosen with those who had, though none had much knowledge of what they were to do.

Consequently, the nurses and sisters found men who could, for some time, be of little use to them, and found also that they lacked "the touch as gentle as a woman's," which, of course, only comes with experience, even to a woman.

Many sisters consequently gave up the idea of getting any help from them in the work of wound-dressing, and promptly found them work such as cleaning pans, scrubbing shelves, &c., which was quite unnecessary, seeing that there was already an orderly set apart for that work.

These nurses at a time when hard pressed after a convoy of wounded, probably found to their cost that a little patience in teaching an orderly even a few things, would have been well placed.

The complaints of a large number of orderlies are that the nurses made no attempt to understand the men's difficulty, that they made scarcely any attempt to assist them and teach them, and that they were constantly being ridiculed if they tried to do anything useful other than menial tasks.

Not only that, but also some nurses are very apt to look down on the orderlies as very much lower than themselves in social standing. An example of this is: An orderly reported sick, and it was necessary for an operation to be performed, though not a serious one. The staff nurse neglected to prepare him, neither giving him a morphine injection nor sending him up ready dressed, but allowed him to walk up in his khaki clothes and boots. When brought to task, she said that she thought it was not necessary, as he was "only an orderly."

"A Ward Sister" must still have very vague ideas as to how work in a military hospital is carried on, for no orderly is allowed to work in his tunic, and nursing orderlies are provided with white gowns to work in.

It is a very exceptional nursing orderly who has a "rooted objection to washing his hands," and the "indignant cries" are not used by patients, for most orderlies are liked by them; and the orderlies, often, during their "off duty" hours, go shopping for the patients, when they might be otherwise enjoying themselves.

Equipment is seldom, or never, taken from the wards, and a matter of five minutes' "French leave" means three or four days' C.B., if reported.

The main cause of the seeming uselessness of the orderlies is the lack of opportunity to learn afforded to them; and this is what the nurses find constantly recoiling on their own heads, although they are unable to perceive it.

Yours, &c.,

AN ORDERLY.

OUR PRIZE COMPETITIONS.

February 12th.—What accidents to patients most often occur in the wards? How would you prevent them?

February 19th.—Describe (a) the symptoms and (b) the nursing of cerebro-spinal fever.

February 26th.—What are the more common causes of neurasthenia? Mention some of the more common symptoms.

The Midwife.

EXPECTANT MOTHERHOOD.

The second lecture of the advanced course on Infant Care was commenced by Mrs. Florence Willey, M.D., at the Royal Society of Medicine, 1, Wimpole Street, on January 31st. To the great disappointment of the large audience, the lecture, which promised to be an exceptionally interesting one, was brought to an abrupt conclusion by the Secretary announcing that Zeppelins were on their way to London, and it was suggested that the audience would probably prefer to get to their homes as soon as possible. Events proved subsequently that they might have listened to the whole lecture in peace and comfort. Dr. Willey in commencing her lecture said, that in this advanced course she expected her hearers to look at the subject from wide standpoints. It might be asked why all this fuss about expectant mothers and ante-natal hygiene? The first reason was that by far the greater number of cases of abortion and still-birth were preventable, due to preventable causes during pregnancy and labour.

The second reason was that by it would be diminished the number of maternal deaths.

The third reason was that subsequent pregnancies would be safer, the woman herself healthier, and more fit to take charge of her children and her home.

Statistics showed that 23 per cent. of the infantile deaths during the first year of life were due to premature birth, deficient breathing power, and injury at birth; 21 per cent. were due to specific diseases and 40 per cent. to infectious disease. The lecturer reminded her hearers that the contraction of infection was due to lowered resistance, and not merely to the fact that the child had come in contact with the germ of the disease, which, of course, it was continually doing.

Dr. Newsholme had shewn that all these diseases were influenced by ante-natal nutrition.

THE LEEDS MATERNITY HOSPITAL.

The Lord Mayor of Leeds (Mr. Charles Lupton), presided at the annual meeting of the Leeds Maternity Hospital, held last week in the Lord Mayor's rooms at the Town Hall, when a very satisfactory annual report was submitted by the Hon. Secretary, Mrs. R. Hudson.

The report stated that there has been a phenomenal increase, both in the hospital and on the districts, due in part to the War, but also to the growing knowledge among poor women that greater safety, better nursing, and more comfort are to be obtained by coming under the care of the hospital than otherwise it is in their power to obtain. Many Belgian refugees have been admitted during the year, and there has been a large number of abnormal and serious cases sent

for treatment by the medical practitioners in the city and the surrounding area.

It was further reported that, as a training centre, the hospital grows in importance and success, and also that official notice has been received by the committee from the Central Midwives' Board of the extension of the period of training to six months. In conclusion, the report urged the need for increased financial support, as at no period in this generation has the necessity for maternity work been more apparent.

We are glad to observe that, in moving the adoption of the report, the Lord Mayor said he thought the six months mentioned in the report was a very short time in which to train a person to undertake the work of what was really a surgical nurse. It was more than ever important that the work of nurses should be maintained at the very highest possible standard. He urged the claims of the institution upon the charitable public, seeing that it carried on one part of the warfare on behalf of the child life of the country.

Miss Caroline March was re-elected President; and Mrs. R. Hudson, Hon. Secretary.

THE DANGER OF PRESERVATIVES IN MILK.

Dr. W. B. Drummond, F.R.C.P., in his interesting book "The Child: His Nature and Nurture," published by J. M. Dent & Sons, Ltd., gives a striking illustration of the danger of introducing preservatives into milk. In this connection he writes:—

"The importance of guarding the milk supply from contamination by the germs of infectious diseases has been forced upon the attention of the local authorities by the occurrence of numerous epidemics which have been traced to milk infection. For some time past another aspect of the milk supply has been attracting a great deal of interest. Most milk has to travel a long distance from the country. In order to prevent the milk from turning sour, many dairymen have been in the habit of adding some preservative to the milk, and have maintained that such a practice did not constitute an adulteration, on the ground that the preservative used, usually boracic acid, was non-poisonous and harmless. To test the truth of this assertion, Professor Boyce, of Liverpool, tried the experiment of feeding a number of kittens on milk containing 10 grains of boracic acid in each pint. He found that the kittens underwent rapid emaciation and died. Kittens fed on milk containing only five grains of boracic acid also emaciated and died. Again, kittens fed on milk containing 1 part formalin in 50,000 increased in weight by only 70 per cent. of the weekly gain of healthily fed kittens. There can be no reasonable doubt that these preservatives would have a similar effect upon infants."

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EDITORIAL.

DIAGNOSIS NOT THE NURSE'S DUTY.

The circumstances under which an unconscious patient was refused admission to the Victoria Central Hospital, Liscard, related at an inquest on February 1st, reveal a laxity and inhumanity which we should have imagined would be condemned by every compassionate person, and we deeply regret that Mr. C. R. B. M'Gilchrist, Chairman of the hospital, should have supported the indefensible conduct of the officials concerned.

The facts are, briefly, that an unconscious woman was taken to the hospital. She was seen only by a nurse, who, according to the son's evidence, informed him that the case was not one for the hospital, and the patient must be taken back home, and on to workhouse hospital, and that the relieving officer would see to it.

Dr. F. W. Inman, who saw the patient about an hour after her return home, where she had been taken in the motor ambulance which conveyed her to the hospital, said she was deeply unconscious, and her right side was paralysed. She remained unconscious to a certain extent, and could not speak, and died the following Saturday from hæmorrhage of the brain, accelerated by a fall. As she was suffering from apoplexy, death might have occurred at any time. He believed the hospital was full and there was no room for the case.

The Coroner remarked that it would do the woman no good to be taken to the hospital and back again, and the witness concurred, saying that she might have been put on a couch at the hospital and examined again.

The nurse said that she saw the deceased woman in the out-patients' department. She did not fully examine her, but informed the doctor, who was in bed, and did not come to see the case. She told him that the patient was unconscious and vomiting. It was the doctor's orders that the woman should be removed to the workhouse hospital, and she accordingly rang up the relieving officer, who said if they

had not room for her in the hospital, she had better be sent home.

The evidence of this officer was at variance with the nurse's on this point, as he stated he suggested the patient should remain at the hospital till he saw her, but the nurse said she could not stop there. He visited the case as soon as possible, and found the husband in a sad state about the treatment of his wife at the hospital. They refused to hear of her going to the workhouse hospital as she was comfortably in bed, and had been seen by a doctor. He could not understand why the woman was not allowed to remain at the Central Hospital.

The Coroner told the jury that it was not part of their duty to make inquiry into the conduct of the hospital. At the same time he was sure they could not help feeling the woman had not been treated in the way the Committee would have liked her to be treated, but after the Chairman, Mr. C. R. B. M'Gilchrist, had made a statement, defending the action of the officials on behalf of the Committee of Management, and stating that they thought that sending the woman back home had nothing to do with her death, the Coroner said: "We understand now that whatever occurred when the woman was admitted is approved by the Hospital Committee."

It is inconceivable that in any hospital a case of this kind should be so dealt with. It should, of course, have been seen by the doctor, and the nurse had no right to assume any responsibility in regard to it. Diagnosis is not the nurse's duty. Until the doctor came down it was her duty to make the woman as comfortable as possible, and to keep her under observation. Instead of which, an unconscious patient, with a fresh cerebral hæmorrhage, a condition requiring absolute rest, was not even allowed to remain at the hospital until she could be seen by the relieving officer.

We are not surprised that an emphatic protest has been raised by the Wallasey Council, and that it has been proposed that the Council should withdraw its annual subscription of £300 until the management is entirely changed.

OUR PRIZE COMPETITION.

WHAT ACCIDENTS TO PATIENTS MOST OFTEN OCCUR IN THE WARDS? HOW WOULD YOU PREVENT THEM?

We have pleasure in awarding the prize this week to Miss L. C. Cooper, Westminster Infirmary, Colindale Avenue, Hendon, N.W.

PRIZE PAPER.

Almost all accidents that occur to our ward patients are preventable.

This is a strong statement to make, but a little reflection will tend to convince even the most careful nurse how true it is.

BURNING WITH HOT-WATER BOTTLES.

The most easily prevented, but at the same time not of very uncommon occurrence, is the burning of patients with hot-water bottles. A hot-water bottle should always be fastened securely in a flannel bag after ascertaining that the screw stopper is properly fastened and no leakage taking place, and in the case of unconscious, paralytic, or helpless patients and infants, it should not be quite close, but a blanket should be placed between bottle and patient.

ACCIDENTS BY BURNING,

to prevent which all ward fires should be protected by guards; no helpless or epileptic patient should be placed too near the fire; nothing inflammable should be placed where it can fall, be knocked or blown into the fire. Chimneys should be frequently cleaned, to prevent their catching fire.

ACCIDENTS IN THE BATHROOM.

Accidents by scalding may occur in the bathroom. This can be prevented by making a practice of first turning on the cold water tap, always testing the temperature of bath before placing the patient in, and by removing the key from tap while patient is in the bath. When patients are helping in the ward kitchen, the danger lies with the kettles on the stove. Accidents by drowning might occur in the bathroom, and a patient should never be left in the bath alone, or even in the bathroom when there is water in bath; buckets or baths of water should never be left in places where a child can fall into them.

FALLING FROM WINDOWS.

Windows should not be opened wide from the bottom; if a patient in delirium, or acting on an impulse, were to try to throw himself from the window, the little noise and delay necessary to throw up the window should be enough to give the nurse sufficient warning to be able to prevent this rather frequent and deplorable accident.

CHOKING.

Accidents from choking might occur, especially amongst old and paralytic patients. To prevent this, care must be taken that the food is suitably prepared; where possible, patients should have their shoulders well raised whilst feeding or being fed; where this is not possible, turn the patient a little on his side.

Patients subject to fits of any kind should be under special observation, especially at night; there is the danger of the tongue being drawn to back of throat and causing suffocation.

MISUSE OF POISONS.

Other accidents may occur by poisons being left about and a patient getting hold of and drinking them, either intentionally or in ignorance. Poisons should always be in specialised bottles, and kept locked up quite apart from medicines of any kind, to prevent accidentally pouring out a poison instead of a medicine. To prevent any accident in the giving of medicines, always read the prescription each time of giving, and give correct dose at correct time.

SPIRIT LAMPS.

Accidents may occur when a spirit stove is in use in the ward, either for tent, hot air, or vapour bath, or even in the testing of urine. To prevent as far as possible any kind of accident, always see that the stove when alight is a safe distance from bed hangings, and sufficient air between flame and bottom of kettle to prevent the heat being driven into bowl of lamp, thus causing it to explode; and in filling, always take the stove out of ward, place on a tray to fill, and wipe the outside thoroughly with a damp cloth, so that no spirit is left to ignite when lighting up again.

FRACTURES FROM FALLS.

Accidents may occur to feeble patients from falls, causing fractures. These can be prevented frequently by careful observation and help on the part of the nurse. Ward floors should not be too highly polished.

SURGICAL INSTRUMENTS.

Surgical instruments should always be kept locked away; and in mental wards, knives, scissors, or anything that might prove a weapon in a patient's hand should be kept out of reach.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. O. Walford, Miss E. James, Miss M. Roberts, Miss F. Gould, and Miss K. Kohler.

QUESTION FOR NEXT WEEK.

Describe (a) the symptoms and (b) the nursing of cerebro-spinal fever.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

A general meeting of members of the National Council of Trained Nurses of Great Britain and Ireland will be held in the Lecture Hall of the Royal Society of Medicine, 1, Wimpole Street, London, W., on Saturday, February 12th, at 4 p.m., Mrs. Bedford Fenwick, President, in the chair.

AGENDA.

1. To consider a circular letter, sent by the Hon. Arthur Stanley, M.P., Chairman Joint War Committee, to the Chairmen of Committees of Hospitals, proposing to establish a College of Nursing on a voluntary basis, governed by a Council of Management nominated by the Chairmen and Governors of leading hospitals, physicians and surgeons lecturing to nurses, the Principals of Nurse Training Schools, and other persons interested in the education of women.

The scheme provides that the Governing Body for the Nursing Profession (the Council of Management) shall be *nominated* and not *elected*, an Examining Board shall be nominated, a Scheme of Examinations defined, and a Certificate of Proficiency in Nursing be granted by the College.

If favourably received, the promoters of the scheme propose to apply to the Board of Trade for incorporation without the word "Limited."

RESOLUTIONS.

2. The following Resolutions will be submitted to the meeting incorporating the demand of Trained Nurses for Registration by Act of Parliament, providing for their legal status and professional self-government:—

The first Resolution will be proposed by Miss E. M. Musson, President, General Hospital Birmingham Nurses' League, and seconded by Miss M. Heather-Bigg, President Matrons' Council of Great Britain and Ireland. It will be supported by Miss B. Kent, Society for the State Registration of Trained Nurses, and others.

RESOLUTION I.

Whereas this Meeting of Trained Nurses is convinced that only through an Act of Parliament providing for the State Registration of Trained Nurses by an elected Body, on which the registered nurses themselves have direct and sufficient representation, can the Profession of Nursing be effectively and justly organised; and that any voluntary scheme, such as that proposed by the Hon. Arthur

Stanley, M.P., Chairman of the Joint War Committee, in his Circular Letter to Hospital Committees is calculated to impede such legislation: this Meeting emphatically supports the Bill for the State Registration of Trained Nurses, and desires to urge upon the Government, and upon Parliament, the pressing necessity which exists for passing such a Bill.

It would further remind them:—

(a) That a Select Committee of the House of Commons has unanimously recommended such legislation;

(b) That the House of Lords has accepted the principle of Nurses' Registration, by passing a Bill in its support;

(c) That the House of Commons has given proof of its sympathy with the principle of such legislation, by its recorded majority of 228 to introduce the Bill into that House;

(d) That the medical profession in this country, through the British Medical Association, has on numerous occasions passed resolutions, expressing its approval of the State Registration of Trained Nurses;

(e) That the self-governing associations of nurses in England, Scotland and Ireland unanimously desire it;

(f) That the Parliaments of several British Dominions and other Countries have passed such Acts for the efficient education and organisation of nurses, and for the safety and welfare of the sick, which have proved to be of the utmost benefit to the community.

Therefore similar legislation is, in the opinion of this Meeting, a matter of urgent and national importance.

The following Resolution will be proposed by Mrs. Porter (*née* Keogh), Past President Irish Nurses' Association, and seconded by Miss Pell-Smith, Vice-President, Royal Infirmary Leicester Nurses' League:—

RESOLUTION II.

That should the Memorandum and Articles of Association of the Nursing College Scheme when drafted be found inimical to the best interests of the whole Nursing Profession, the National Council of Trained Nurses of Great Britain and Ireland be directed to oppose its incorporation, without the word "Limited," by the Board of Trade.

The following Resolution will be proposed by Miss A. B. Curtis, President, Victoria and Bournemouth Nurses' League, and seconded by Miss H. Hawkins, Society for the State Registration of Nurses:—

RESOLUTION III.

That a copy of the foregoing Resolutions be forwarded to every Member of Parliament, to the Chairman and Members of the Joint War Committee, and to the Chairmen of Committees of recognised Nurse Training Schools.

THE REGISTRATION TRUCE.

There is much indignation throughout the nursing world that the registration truce has not been observed by the anti-registrationists. When the Prime Minister announced his determination that no private member's Bill, to which there was opposition, should be considered during the last long Session of Parliament, devoted to war legislation, the Central Committee for State Registration of Trained Nurses realised that agitation in support of their Bill should be honourably discontinued, until a more propitious time, and for the first time for eleven Sessions the Nurses' Registration Bill was not brought into Parliament. There were good reasons for this—the whole energy of the medical and nursing professions were required for the performance of their national duty to the sick and wounded, both at home and abroad—and it is not too much to say that their whole heart and soul has been, and is, devoted to this duty. What time, therefore, more indefensible for those who for years have opposed every effort of the conjoint professions of medicine and nursing to organize the education and discipline of trained nurses, to meet and privately promote a scheme which, they are well aware, will be highly obnoxious to the section of the nursing profession who have all but won the legal status, to attain which they have devoted years to the education of the electorate? It is not presumable that the nurses who have accomplished this miracle, in the face of appalling prejudice and obstruction, will quietly permit their cause to be crushed out by an inchoate voluntary scheme, which cannot effect any real organization of the nursing profession, and which, if thrust upon it, will only add more futile and mischievous interference with nursing conditions and create further confusion.

THE SCOTTISH NURSES' ASSOCIATION PROTESTS.

Under these circumstances we are not surprised to learn that at a recent meeting in Glasgow the Scottish Nurses' Association passed the following resolution of protest, which has been forwarded to the Honble. Arthur Stanley :—

The Executive of the Scottish Nurses' Association has had under consideration the letter of the Hon. Arthur Stanley.

It will not be denied that at this time the trained nurses of the whole country are using their utmost efforts to meet a national emergency. The Executive must express its surprise that such a time should be chosen by anyone with any

pretension to knowledge of nursing affairs to launch a new scheme.

The Executive furthermore strongly protests against the impropriety of launching such a scheme without consultation with, or any reference whatever to, the organized Nurses' Associations of the country.

MIDLAND NURSES KNOW WHAT THEY WANT.

At a recent meeting of the General Hospital Birmingham Nurses' League the following resolution was carried :—

That whereas the serious and responsible work of a nurse demands, not only sound moral qualities, but also trained intelligence and practised skill ;

And whereas at the present time much disorder exists owing to inequalities of training, absence of educational standards and lack of self-government of the profession—

This meeting is of opinion that the State Registration of Trained Nurses is a matter of urgent national importance ; and further, that it is highly desirable in the interests of the public, as well as of the nursing profession, that a Bill for the State Registration of Trained Nurses should be passed as soon as possible.

Miss Ashford, the Hon. Secretary of the Queen's Hospital Nurses' League (Birmingham), has been instructed to forward for publication the following Resolution, which was carried unanimously at a general meeting of members held on February 3rd :—

That in the opinion of this meeting the present disorganised state of the Nursing Profession is greatly to be deplored, and a system of Registration under the State is urgently needed.

The members desire to express their support of the Bill for the Registration of Trained Nurses, brought forward by the Central Committee for State Registration of Trained Nurses.

VICTORIA AND BOURNEMOUTH NURSES' LEAGUE.

We learn that the Victoria and Bournemouth Nurses' League met on Monday and passed a Resolution in support of legal registration—which the new President, Miss Amy B. Curtis, intends to report to the Meeting of the National Council on the 12th inst.

THE IRISH NURSES' ASSOCIATION.

At a meeting of the Irish Nurses' Association, held in Dublin on Saturday, February 5th, the following was passed as an Emergency Resolution, under the heading of "Other Business" :—

That this Meeting of the Members of the Irish Nurses' Association desire to reassert their strongly held opinion that compulsory examination, and registration by the State, is the only form of organisation suitable to their needs, and believe that any voluntary scheme such as suggested by the Hon. Arthur Stanley would be prejudicial to their interests.

HOME RULE FOR IRISH NURSES.

Miss Eddison, Lady Superintendent of the City of Dublin Hospital (trained at St. Thomas' Hospital, London), and Miss Reed, Ivanhoe Nursing Home (trained at St. Thomas' Hospital, London), made a formal protest, because notice of the Resolution was not on the Agenda. Both ladies are active anti-registrationists.

The situation in Dublin needs explanation.

The Irish Nurses' Association has, on numberless occasions, given expression, by resolution, to its demand for State Registration. When, owing to very undesirable social influence in high quarters, the Irish nurses were eliminated from Lord Amphil's Bill—passed by the House of Lords in 1908—the Irish nurses rose in their wrath, and agitated so successfully that they demanded restoration with the power of the whole Irish National party behind them, and through the good offices of Lord Ashbourne, who supported their demand in the Lords, they were included with English and Scottish nurses in the benefits of the Bill.

Again, in 1910, when all the national nurses' and doctors' societies in the United Kingdom supporting legislation affiliated, and by delegation formed the Central Committee for the State Registration of Trained Nurses, the Irish Nurses' Association was, of course, one of the eight societies which combined, and its delegates took part in drafting the Bill as it stands, and which applies to Irish nurses.

At the very representative Nursing Congress held in Dublin in 1913, a vote supporting State Registration was passed by a majority of 100 to 1, and would have been unanimous but for the opposition of a few Matrons trained in London. As lately as October, 1915, the official delegates of the Irish Nurses' Association were directed to vote in support of State Registration, when at the meeting of the National Council of Women of Great Britain and Ireland, held in London, a resolution in support of the Bill was passed with a few dissentients—amongst them Miss Shuter (Ivanhoe Nursing Home, Dublin, trained at St. Thomas's Hospital), who spoke and voted against the resolution, although she was not an official delegate on the National Council, and was absolutely out of order in taking part in the proceedings!

Now we find this little St. Thomas' group of Matrons in Dublin attempting to override the considered official policy of the Irish Nurses' Association. Such a position is, in our opinion, totally indefensible, and we advise Irish nurses to make it quite plain to this small

anti-registration minority that if they are not in favour of the avowed policy of the Association, they can either cease to be members, or they must bow to the conscientious convictions of the overwhelming majority.

MEETING AT CHARING CROSS HOSPITAL.

Miss Heather-Bigg, the Matron, is a well-known supporter of the State Registration Movement. By her wish, at this time of crisis, a meeting of the nurses was held in their sitting-room, and Miss Annie Hulme and Miss Beatrice Kent were invited to address them upon the subject. Previous to the meeting, tea and coffee and light refreshments were served in the lounge, and a very enjoyable half-hour was spent chatting with the nurses and their genial Matron, who gave the opening address. She clearly set forth the aims and objects of the Movement, and the necessity of understanding and taking part in it, more especially at the present time, when a new and dangerous opposition scheme was being promoted.

The privileged guests each spoke of the urgent necessity of the overdue reform, and one of them gave a short account of the history of State Registration in this country, and referred to the rapid progress which is being made in the higher education of nurses, and in their ethical standards in America, where Registration laws are in force in forty-two of the States. The Stanley Scheme was explained, and the most dangerous clauses pointed out. It is always a pleasure and privilege to address an attentive and interested audience, and we feel sure that the nurses of this hospital, having the example of their Matron, will soon throw themselves heartily into this good cause, which means so precious a thing as their professional liberty.

IN SUPPORT OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses, acknowledges with thanks the following donations: Miss Christina Forrest, £1 1s.; Miss H. Barton, 10s.; Miss E. M. Musson, 10s.; Miss E. M. Roberts, 5s.; Miss A. Schuller, 5s.; Mrs. M. Ayres Lucas, 2s. 6d.; Miss E. M. Ambrose, 2s.; Miss G. Hare, 2s.; Miss E. S. Sills, 1s.

The President begs to thank those members of the Society who have paid their subscriptions for the current year, and hopes that all members will send their annual subscription (1s.) as soon as possible. They should be addressed to the Hon. Secretary, Society for State Registration of Trained Nurses, 431, Oxford Street, London, W.

NURSING AND THE WAR.

THE WOMEN'S MATERNITY UNIT
FOR RUSSIA.

We have pleasure in publishing in this issue a portrait of Dr. Beatrice Coxon, one of the doctors in charge of the Women's Maternity Unit for Russia, and formerly House Surgeon at the Alnwick Infirmary, Northumberland. Dr. Coxon with her colleague, Dr. Mabel May, have seen service in Serbia with Mrs. St. Clair Stobart's unit, both being decorated with the Order of St. Save for their devoted service in that country.

Our other portraits are of Mrs. Elizabeth Armstrong, one of the nursing members of the unit, and of Miss Anne Hutchinson, who, in addition to being a trained nurse is also a fully-qualified Sanitary Inspector well known in York for her work in this connection, and also for Infant Welfare.

The unit took with them $1\frac{1}{2}$ tons of clothing, $1\frac{1}{4}$ tons of drugs, and 18 cwt. of bandages. With the drugs are included milk foods of various kinds, as there is great difficulty in procuring these in Russia. A quantity of clothing sent was the gift of the National Union of Trained Nurses.

The "Protectrice" of the maternity hospital, which will deal with refugees, is the Empress Alexandra—a title preferred in Russia to that of Czarina—and the Lady Georgiana Buchanan, wife of the British Ambassador is President.

It is hoped to extend the work of the hospital by a large outpatients' department, which is most sorely needed.

As an instance of the work done, a Russian Sister picked up a baby on the banks of the Dwina. They called the child Dwina and fostered and looked after it, and after a while it was sent on to the Foundling Hospital, which has been set apart in Petrograd to take little lost refugee children.

There is a great deal of sickness amongst the refugees. They suffer from rheumatism, lung trouble, and pleurisy, and amongst the children there is often infectious illness. Much of all this is due to the terrible hardship and starvation

endured on the way. It is greatly hoped to extend the work to other centres; the next place will probably be Gatchina, about thirty miles from Petrograd, where it is proposed to have an Infant Care centre. There are as many as fifteen hundred children in a single barrack, and of these two or three die every day. It is high time for women to put forth their efforts in this and other similar districts.

The National Union of Women's Suffrage Societies are attempting to raise £5,000 to keep the first unit going for six months, and although part of this sum has been generously contributed, there is a great need for other immediate donations.

Communications to be sent to the Women's Maternity Unit for Russia, 14, Great Smith Street, Westminster, S.W.



DR. BEATRICE COXON,
WOMEN'S MATERNITY UNIT FOR RUSSIA.

Miss Earle, the Matron of the Third Northern General Hospital (T.F.) has been appointed Matron of a hospital which is to be sent overseas, probably to Egypt, next month, and Miss M. J. Connell will act as Assistant Matron. The staff will consist of 75 Sisters and nurses.

A number of New Zealand nurses, the Matron and nursing staff of the hospital ship *Marama*, are just now in London, enjoying a few days' leave on the termination of their voyage from Alexandria with nearly 500 patients—English, Scottish and Welsh, and a few New Zealanders.

The *Marama* was equipped by various towns in New Zealand. The Mayors making themselves responsible,

and gifts came pouring in. Before leaving the Dominion the medical and nursing staffs were received by the Earl and Countess of Liverpool, and the Earl decorated the nurses with shoulder cords of his own colours, green and maroon, the Corps being known as the Earl of Liverpool's Own. While the ship is in harbour the ward decks are being covered with linoleum, which is more easily kept clean at sea than scrubbed boards.

The many friends of Miss Florence W. Pritchard, Superintendent of the Queen's Nurses Home, in Hull, who has been working in Serbia under the British Red Cross Society, and is now in the hands

of the Austrians will be glad to know that news has come to hand from her that she is receiving excellent treatment from them. Since the beginning of October there has been no news of her, and much anxiety had been felt for her safety. Her postcard is dated January 6th and bears the postmark of the Austrian Censor.

Mrs. James T. Hunter, Chairman of the Executive Committee of the Scottish Women's Hospitals, recently gave an interesting account of the work of these hospitals in Serbia. In the recent invasion of Serbia they shared in the debacle, and were completely overwhelmed. Forty-eight of the members got away safely, but the members of nearly two units, medical women, nurses, and orderlies, were taken prisoners of war. Every effort was being made, said Mrs. Hunter, to obtain their release at an early date.

Nurse Bailey, a nurse at the Lambeth Infirmary,

ladies had taken up military nursing, and after the war applications might be received from many of them for training as probationers. That Association ought to keep in view the undesirability of allowing them to gain a footing in their infirmaries as qualified nurses without a certificate of probation. Some acknowledgement of the experience they had gained might be made, but the good of the Service in general must be safeguarded. He would advise all those who had gone in for this work not to be satisfied until they had gained a three years' certificate.

Sister Cameron, of the Maternity Hospital, Castle Terrace, Aberdeen, who left last year with a party of Scottish nurses for service in Serbia, is now reported to be a prisoner of war in that country. She is also, we regret to learn, in hospital, seriously ill.

The Dutch ambulance for Russia is expected



MISS ANNIE HUTCHINSON.



MRS. ELIZABETH ARMSTRONG.

WOMEN'S MATERNITY UNIT FOR RUSSIA.

and Mr. W. C. Burrows, the workhouse organist, who have been mentioned in despatches, are to have a message of congratulations from the Lambeth Guardians.

Mr. Andrew Fisher, the new High Commissioner for Australia, and Mrs. Fisher on Saturday visited the Third London General Hospital at Wandsworth where a number of the Australian wounded are under treatment. Mr. Fisher visited all the wards, and spoke to every Australian in the building. Colonel Bruce Porter and Miss Holden, the Matron, showed him round, and he quite won the hearts of the nurses by his kind interest in the patients.

Mr. W. B. Guthery, President of the Northumberland and Durham Branch of the National Poor Law Officers' Association, Workhouse Master, Tynemouth, in his Presidential Address at the eighth Annual Meeting, said that many young

to leave the Netherlands at the end of March with 20 nurses and five doctors. Dr. Westerman, of Amsterdam, and Dr. Koch, of Groningen, two well-known surgeons, are expected to join the ambulance.

"A tired nurse's mother" writes to a contemporary in reference to its suggestion that all munition workers should have one day's rest in seven, "may I plead on the same lines the case of our hospital nurses? I suppose there is no class of women who work harder than our nurses, or who for such continuous and exhausting work are paid less. Their physical, mental, and nervous energy is constantly taxed to the verge of giving way, and all for want of the seventh day's rest. It is impossible for them to give patients their best under such conditions. I know it would mean an extra number of nurses on the staff, but I feel sure the results would justify the extra expense."

FRENCH FLAG NURSING CORPS.

At a recent meeting of the Committee, a vote of thanks proposed by Mrs. Bedford Fenwick expressing the appreciation of the Committee was passed unanimously, to all those members of the Corps who had completed a year's service in France, and had proved by their tact and devotion the possession of the true nurselike spirit in their performance of duties sometimes under very difficult circumstances. A copy of the Resolution has been sent to each of the Sisters concerned.

A Sister, in thanking us for a copy of the Report, writes: "We felt quite delighted when we read all the nice things written about us in the Report. Of course one does not look for praise, but it is nice to know that our Committee realises that we have done our best to overcome difficulties not to be encountered in our regular Army Services. But I, for one, just love doing a bit of pioneer work, and I can honestly say I have been most happy and fortunate since I came to France. Coming into touch with French people in this time so terrible and heartrending for them, when their dear country which they love so devotedly is devastated, their people impoverished, and all they love wrenched from them, is a lesson in courage I could have learned under no other circumstances. As for the gratitude, simplicity, and sweetness of the sick and wounded French soldiers—nothing can exceed the nobleness of these brave men. I hope I may stay and help them to the very end of the war. I am deeply sensible of the initiative of Miss Ellison, and the splendid organization of our Committee which has made it possible for British nurses to take part in this really patriotic bit of work. It will be something to remember in days to come for which I shall be ever grateful."

Miss Florence Burn, Supervisor, French Flag Nursing Corps, at Hôpital Temporaire B, Steenwoorde, near Hazebrouck, was decorated recently with a bronze medal, awarded to her by the French Government for her services in nursing infectious diseases. Many of the Sisters have worked most devotedly in the contagious blocks of French Military hospitals, and have greatly enjoyed this wide scope for usefulness. In the majority of

these blocks the Red Cross Ladies are conspicuous by their absence, so that the most interesting medical cases, the majority of whom have made excellent recoveries, have been left to the care of trained nurses.

The General commanding the 18th Region recently paid a visit to Talence. The Matron was introduced to him by the Med. Chef, and he was taken to the Sisters' Salon where a French class was proceeding. M. Léon Baylet, Professor of French at the Lycée de Bordeaux, was engaged giving this lesson. He teaches on the Delmas system, by pictures and making the grammar himself as the conversation progresses. The Professor was presented to the General, and there were complimentary speeches exchanged. M. Baylet recently invited his pupils to meet him at the Museum in Bordeaux where there are most interesting relics of the past history of the city—which has always had close connection with Great Britain, and quite a numerous British Colony.

GIFTS RECEIVED.

Miss Gregory, Directrice, Talence Hospital, acknowledges the following gifts:—

From Anaesthetic Emergency Fund: 6 cases containing drugs and dressings, costing £53.

From Sick and Wounded Soldiers' Fund, F.F.N.C. Committee: 1 case containing 8 rubber hot water bottles, 12 feeders, 12 thermometers, 1 bale containing 8 pillows, 17 pairs shoes, 11 towels, 6 bags, fly covers, linen.

Marylebone War Supply Depot: 2 cases containing roller and many tail bandages, 30 bed jackets, 24 day shirts, 1 night shirt, 100 handkerchiefs, 21 pairs socks, 26 bed socks, 10 hot water bottle covers, splints, splint pads.

From Madame de la Panouse, British Branch Croix Rouge Française: 50 dressing gowns, 100 flannelette shirts, 300 pairs socks, 200 handkerchiefs, 100 towels 100 undershirts (vests).

The following consignment has been most kindly sent by the War Depot, Aberdeen:—20 pneumonia jackets, 40 fomentation pads, 10 wringers, 160 many-tailed bandages, 40 T bandages, 500 roller bandages, 25 wash cloths, 16 large pillows, 13 small pillows, and 7 pillows. These have been sent to Caen, Verneuil and Toul. We have to thank many other friends for gifts which we hope to get packed off at an early date.



MISS FLORENCE BURN.
SUPERVISOR, F.F.N.C.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Red Cross Hospital, Studley—Miss E. F. Burke.

Red Cross Hospital, South—Miss M. E. Okey.

Hoole House Hospital, Chester—Miss M. E. Wood.

Hillfield Red Cross Hospital, Gloucester—Miss N. Woodhead.

Red Cross Hospital, Alton, Hants.—Miss M. Wheeler.

Hillside, Ockbrook, near Derby—Miss S. E. Sullivan.

Boultham V.A.D. Hospital, Lincoln—Miss M. Taverner.

Red Cross Hospital, Downham, Norfolk—Miss S. A. G. Lett.

V.A.D. Hospital, Strood, Kent—Miss A. N. C. Hayward.

Red Cross Hospital, Earl's Colne, Essex—Miss G. Newberry, Miss D. Gear.

Caenhill Military Hospital, Weybridge—Miss D. G. Dean.

No. 5 Temporary Hospital, Exeter—Miss L. M. Robinson.

Red Cross Hospital, Rockferry—Miss H. L. Gover.

53, Cadogan Square, S.W.—Mrs. W. C. Macan.

Red Cross Hospital, Pontyclun, Glam.—Miss L. E. Pratt.

V.A.D. Hospital, Northwood, Middlesex—Miss L. Fowler, Miss D. Findlay.

Red Cross Hospital, Highfield Hall, Southampton—Miss G. Gould.

Broadwater Hospital, Ipswich—Miss L. Wright.

Gifford House, Rochampton—Miss E. R. Andersen.

Red Cross Hospital, Northlands, Emsworth—Miss A. Sweeney.

Dunsall, Westerham—Miss M. M. Knox.

Cyngheld V.A.D. Hospital, Kingsland, Shrewsbury—Miss M. Wills.

Princess Christian's Hospital, South Northwood—Miss M. A. Foreman.

The Lammas, Esher—Miss F. J. Harris.

Beckett Hospital, Barnsley—Miss M. M. Doyle.

St. John's Hospital, 67, High Street, Fareham—Mrs. C. Walter.

The Abbots V.A.D. Hospital, All Saints Road, Cheltenham—Mrs. C. F. Vilcesed.

V.A.D. Hospital, Balcombe, Sussex—Miss F. Prickett.

Officers' Hospital, 47, Roland Gardens—Miss M. G. Close Burke.

Red Cross Hospital, Western Road, Gloucester—Mrs. E. G. Angell.

V.A.D. Hospital, Uppingham—Miss C. Cook.

Waverley Military Hospital, Farnham—Miss L. M. Reeves.

Breeze Hill, Bootle, Liverpool—Miss E. M. Earp.

V.A.D. Hospital, Yacht Club, Gravesend—Miss C. de N. Fraser.

Red Cross Hospital, Parc Howard—Miss S. A. Davies.

Mill Dam, South Shields—Miss E. Murray.

The Weir Hospital, Batham—Miss M. J. Stafford.

Yateley Military Hospital, Hants—Miss K. Jones Bennett.

ABROAD.

Miss C. B. Davis, Duchess of Sutherland Hospital, Calais.

THE CARE OF THE WOUNDED.

Presiding at the Annual Meeting of the King Edward Memorial Hospital, Ealing, Lord George Hamilton referring to the great advance shown in regard to women's interest in hospital work, said: "It is, I believe, universally admitted that the English woman is the best nurse in the world, and wherever she has gone, be it in France, Egypt, or to the wilds of Serbia, the English nurse has covered herself with distinction, by the admirable manner in which she has performed her duties, and the noble way in which she has faced dangers of all kinds. The amount of voluntary assistance given by women is of incalculable worth, and whatever may have been our apprehensions and griefs in regard to the war, there are some light spots on the dark horizon, not the least brilliant of them being the manner in which the women of England have responded to the calls made upon them."

The formal opening of the Anglo-Russian Hospital at Petrograd last week was a very brilliant function, the Empress Marie, the Grand Duchesses Olga, Tatiana, Marie Pavlovna, and Cyril, the Grand Duke Andrew Vladimirovitch, the British Ambassador, and Lady Georgiana Buchanan being amongst those present.

Prayers in Russian and English for the British and Russian Royal and Imperial families, and the success of the Allies were recited. After the ceremony all present were entertained to tea by Lady Sybil Gray. The hospital, which is located in the Palace of the Grand Duke Dmitri, who has placed it at the disposal of the organising committee, contains 200 beds, and is the first of those to be set up by the Anglo-Russian Hospital Committee. Later it is hoped to establish three field hospitals. The object of the scheme is to give a practical token of British admiration and gratitude towards the Russian people. With this object the Dominion of Canada has sent a contribution of £10,000, "to express Canadian appreciation of the valour and heroism of the Russian armies." The offices of the Committee in London are at 32, Victoria Street, S.W. We are confident that Miss Irvine-Robertson and the nursing staff of which she is Matron will give a practical demonstration of the British Empire's goodwill to its Russian Allies.

THE HANOVER PARK V.A.D. HOSPITAL.

The soldiers and Matron, Miss E. J. Hurlston, were at home on the afternoon of Saturday, February 5th, at the Hanover Park V.A.D. Hospital, Rye Lane, Peckham, when the wards were open for inspection. Very bright and attractive they looked with the walls a pleasant shade of green, and the counterpanes, and curtains of the lockers, either in a colour which contrasted, or a green which harmonised, with the walls. The wards are named Shapter Robinson (after Dr. Shapter Robinson, founder of the Division in 1911), Isla Stewart, Gordon, Havelock, White, Roberts, Bothera and Kitchener.

The dedication of a ward in this hospital to Miss Isla Stewart, the great Matron of St. Bartholomew's Hospital to whom the nursing profession owes a debt of gratitude which it can never repay, for her constant devotion and unflinching courage in the struggle for its organisation, is most appropriate, for the hospital is an Auxiliary (A Group) to No. 1 General Hospital (T.F.), Camberwell, of which Miss Stewart was the first Organising Matron. She took the keenest interest in the foundation of the Service, and in the selection and enrolment of the Nursing Staff for No. 1 Hospital which, as the City of London Hospital, was recruited entirely from nurses holding the three years' certificate of St. Bartholomew's.

The ward is one of the brightest and pleasantest in the hospital, with two large windows, almost down to the floor level, the beds of immaculate neatness, with deep pink quilts, and on the mantelpiece a photograph of Miss Stewart. By and by, by the wish of the Mayoress, the Camberwell coat of arms is to be placed in this ward over the bed named by her.

The operating theatre, well appointed, is on the top floor, and from the windows one can see the extent of the hospital garden, which in warmer weather will afford a delightful outlet for the patients. All the dressings are done in the theatre, after the fashion of the French *Salle de Pansements*.

The Camberwell Division of the British Red Cross Society is indebted to Mr. Charles Higgins, of the firm of Messrs. Higgins & Jones, who has generously placed at its disposal, for use as this hospital, the two houses forming the Hostel for male workers in that establishment, together with linoleum, beds, bedding and linen, electric light, and a considerable amount of furniture. At the beginning of the war it was used as a Hostel for Belgian refugees; now, with its 35 beds, it is an auxiliary to No. 1 General Hospital.

In addition to the Matron, Miss Hurlston, Miss Ethel Wilson is Staff Sister, and Sisters Bayfield and Roberts, trained members of the Voluntary Aid Division, also act as Sisters, and Sister Martin as Night Sister.

At present there are nine patients in the hospital, and, working in connection with it, are fourteen Voluntary Aid Detachments of the Camberwell

Division, each with its own Commandant, and some 200 members on the rota for service; indeed the large hall where the Reception took place last Saturday, seemed filled to overflowing with V.A.D. uniforms of various grades, the red dresses of the commandants being most conspicuous, and the Red Cross on the aprons multiplied so many times—to say nothing of the smart and bemedalled uniforms of the male members—that one almost rubbed one's eyes wondering if one were not suffering from an optical delusion. True, the members of these Detachments not only assist in the nursing, but perform the whole of the domestic work, and the cooking, their only helper being a charwoman who does the grates; furthermore, as many of them are engaged in other occupations, such as that of school teachers, they can only give their services on Saturday and Sunday, and for a few hours morning or evening, but, as one saw this crowd of willing, and in many instances evidently capable helpers, one marvelled afresh at the ineptitude of the Army Medical Department of the War Office, which evolved and still defends the scheme for the organization of the Voluntary Aid Detachments, when with the available material a thoroughly practical scheme would, we do not doubt, have been loyally supported if put before the Voluntary Aid Detachments. One thought also of the sick and infirm in work-house wards, often hopelessly understaffed, and of the brightness and additional comfort which might be infused into their lives if only a fraction of the service offered to Military Auxiliary Hospitals were placed at their disposal, and to the eyes of a trained nurse the world seemed a rather topsy-turvy place.

The Camberwell Division is, to its credit, a very alert one. I was informed that 150 members of its Voluntary Aid Detachments are on active service, and that the services of many more members, to their sorrow, cannot be utilized in this capacity because the Education Authorities will not give the school teachers leave of absence for this purpose. That, too, gave one pause for thought. If 150 members of one division are on active service, how many have approximately been supplied by all the divisions throughout the Kingdom; and why such an exodus of V.A.D.'s while thoroughly trained nurses remain at home? One hopes that what will ultimately come out of the present impasse is that the earnest and capable members of Voluntary Aid Detachments will realize that the care of the sick is arduous and responsible, not compatible with other occupations, but demanding prolonged practical training, and the devotion of a life time; then their members will be satisfied with nothing less as an ideal than the three years' training of the hospital nurse, and the V.A.D.'s will come into their own as an effective force, as they might have done before now had the foundations of the movement been well and truly laid, and thoroughness and efficiency been the guiding principle of the War Office in this connection.

An anonymous benefactor of the hospital is "Sunshine," who has promised a guinea weekly for the support of a bed, and whose wife and daughters are now giving generous help. The money is sent in notes without an address, but "Mr. Sunshine" may be assured of the gratitude of those responsible for the upkeep of the institution.

Before the guests separated Dr Langford made a charming speech thanking the members of the Camberwell Division on his own behalf and that of the Matron for the way in which they had worked to make the Hospital useful, comfortable and pretty. He spoke of the beds that had been named, and of others being collected for which he should ask the Committee to allow the collectors to name. The Matron was then called for and responded in an appropriate speech, which was warmly applauded.

Mr. Newton Knights, ex-Mayor of Camberwell, then aroused enthusiasm by stating that he had not intended to speak, but after what Dr. Langford had told them of the beds which were being supported by members, he and his friends would put their heads together and see if they could not name two more beds, the "Higgins" and the "Langford," to show their appreciation of the work of these two gentlemen in the hospital.

Lance-Corporal Dowling then gave great pleasure and caused much amusement by his clever conjuring tricks.

M. B.

APPOINTMENTS.

MATRON.

The Children's Infirmary, Cleveland Street, W.
Miss F. E. Owen has been appointed Acting Matron. Her experience under the M.A.B. has been Charge Nurse at the North Eastern Hospital, Tottenham, and Home Sister, and for the last year and nine months Assistant Matron at Queen Mary's Hospital, Carshalton.

ASSISTANT SUPERINTENDENT.

Somerset County Nursing Association, Taunton.
—Miss Annie Button has been appointed Assistant Superintendent. She was trained at the Tottenham Hospital, and in midwifery at the Brighton Lying-in Hospital. She received training as a Queen's Nurse at Salford and has acted as Queen Superintendent of the Tipton Training Home, and as Assistant County Superintendent for Notts.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Matron Miss M. Wilson, R.R.C., to be Principal Matron; Sister Miss A. B. Wohlmann to be Matron (December 26th).

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Josephine Gill is appointed to Sunderland, as Superintendent. Miss Gill received general

training at Liverpool Royal Infirmary, midwifery training at the General Lying-in Hospital, York Road, Lambeth, and district training at the Salford Home, Manchester. She has since held several appointments under the Institute, including that of Senior Nurse at Heanor.

THE ROYAL RED CROSS.

The undermentioned ladies are awarded the Royal Red Cross Decoration, First Class, in recognition of valuable services rendered in the organization and training of Voluntary Aid Detachments in connection with the war:—

MATRON-IN-CHIEF.

Miss S. A. Swift.

MATRONS.

Mrs. H. Corner, Miss E. M. Roberts.

VOLUNTARY AID DETACHMENTS.

The Viscountess Esher, Lady Oliver, Mrs. K. Furze.

At an investiture held by the King at Buckingham Palace on February 3rd, Miss Ethel Ridley received the Royal Red Cross (First Class).

ROYAL INFIRMARY, EDINBURGH.

NURSES' PRIZE GIVING.

Owing to the War, the Prize Giving was not held in 1913, but took place quietly this year. At four o'clock on Monday, February 7th, the Managers, some members of the Nursing Staff and the prize winners assembled in the Recreation Room. The prizes were distributed by Sir Robert K. Inches (Lord Provost of the City), and Mrs. George Kerr (Convener of the Nursing Committee) made a few well-chosen remarks. After the company had partaken of tea, the Managers adjourned to the usual meeting of the Board. The list of awards is as follows:—

1914.

Hygiene.—First (equal), Nurse R. Grant, Nurse J. Grey.

Gynaecology.—First (equal), Nurse Jamieson, Nurse M. C. Thomson; Second Prize, Nurse Nicholson.

Medical Nursing.—First Prize, Nurse Alston; Second Prize, Nurse A. Taylor.

Surgical Nursing.—First Prize, Nurse E. Thomson; Second Prize, Nurse Hopekirk.

Bandaging.—First Prize, Nurse Christie; Second Prize, Nurse Stables.

1915.

Anatomy and Physiology.—First Prize, Nurse E. Thomson; Second Prize, Nurse E. Forsyth.

Materia Medica.—First Prize, Nurse Alston; Second (equal), Nurse Pollock, Nurse Macdougall.

Gynaecology.—First Prize, Nurse R. Grant; Second Prize, Nurse J. Waters.

Hygiene.—First Prize, Nurse Green; Second Prize, Nurse R. Morrison.

NURSING ECHOES.

The Queen will unveil the memorial to Florence Nightingale, which has been placed in the crypt of St. Paul's Cathedral, on Monday afternoon, February 14th, at 2.15.

A number of seats for the service under the dome, which will follow the ceremony, will be reserved for nurses in uniform, but they will not be admitted to the service in the crypt. Application for tickets should be addressed to the Secretary of the Memorial Committee, St. Thomas's Hospital, S.E.

The memorial takes the form of a large medallion in marble and alabaster, showing the figure of Florence Nightingale tending a wounded soldier. It is the work of Mr. A. G. Walker.

The Nurses' Missionary League, if it receives a sufficient response to its appeal for financial support, is anxious to organize a club, to be known as "The 'Imperial Nurses' Club," for the use of members of the nursing profession, including those from overseas. The proposition has the support of Bishop Taylor Smith, Chaplain-General of the Army, the Lord Mayor, the Principal Matrons of the four London General Hospitals, T.F.N.S., and other well-known medical men and Matrons, the Treasurer being Major W. McAdam Eccles, R.A.M.C. (T.F.), 124, Harley Street, London, W., to whom donations should be sent.

It is believed that such a social club would be welcomed by nurses in both the large and small military hospitals at home, as well as by those on furlough from abroad. To be able to turn into a well-managed club to meet friends would certainly be appreciated by many nurses.

The Committee are prepared to go forward provided the sum of £2,000 can be raised, as it is calculated this will pay for rent, furnishing, service, and general upkeep for two years. We hope, in defining the scope of the club, the

economic position will be carefully considered, as a subsidized residential club must compete unfairly with well-managed nurses' homes, keeping afloat with difficulty just now.

We have, on more than one occasion, drawn attention to the repudiation by nurses of engagements into which they have entered, and the way in which they break contracts without



MEDALLION MEMORIAL TO FLORENCE NIGHTINGALE.

the least compunction, if they consider this to their advantage, regardless of either honour or courtesy.

Honour demands that a contract should be kept, once it is made, even if this prevents the nurse who has entered into it from taking up more attractive work offered later, unless she is honourably released from her engagement.

Courtesy demands that she should at once acquaint the Society or person with whom the engagement has been made, if for any unforeseen reason she is unable to fulfil it. Yet, constantly, busy Matrons are asked for interviews by nurses, devote time to seeing them, and take up their references on the assumption that if these are satisfactory the applicant will be prepared to fill the post applied for, only to find later that she has made several similar applications, and engaged herself elsewhere. This has been specially marked since the outbreak of war.

Our experience also proves that where nurses enter into an engagement for a definite term, and resign before it has expired, it is an astonishment and vexation to them to be required to return money expended on their travelling expenses, and given to them for uniform, on the assumption that they will serve for a definite period.

A Superintendent writes to us this week :—

"I take this opportunity of drawing your attention to the way in which fully trained nurses are at present behaving with regard to engagements, and shall be glad if you can do anything to better the matter by making it known through the JOURNAL.

"I have, on five different occasions, engaged nurses from amongst those who have replied to my advertisements, and in each case, after waiting two or three weeks for them, have received a wire at the last moment saying they were unable to come. In only one case was a letter of explanation sent."

Such behaviour is unpardonable, and if engagements are entered into in writing, as they always should be, the injured person should be able to obtain redress. But it is a stain on the escutcheon of our profession that some of its members should not have a higher conception of their obligations.

Food values and cooking often make all the difference between health and sickness, and in consequence, whether life is worth living or not, and nurses, especially social workers, should take every opportunity of learning all they possibly can on this all-important subject. The National Health Food Reform Association is doing really patriotic work, and providing facilities for special training and demonstration lectures in practical economic cookery. With the increased cost of living, it is absolutely necessary that everyone should know how to get the best return for their money.

The "Pudding Lady," Miss Florence Petty, is up and doing, and her coming course of instruction in eight lessons, as arranged in the following syllabus, begins on Monday, February 14th, at 60, Greek Street, Soho, at 7.15 p.m.

1. *Demonstration*—Food stores (the kitchen), cabbage, wheatmeal bread.
Talk—Importance of food.
2. *Demonstration*—Haricot roast, Yorkshire pudding (without eggs), porridge.
Talk—Wise choice of food, or how to secure a well-balanced meal.
3. *Demonstration*—Fish soup, sea pie, potatoes, baked bananas.
Talk—Importance of cookery.
Demonstration—Sago soup, (cooked) bread, barley broth, apple and sago.
Talk—Menus and their cost.
Demonstration—Pot. soup, (with) artichokes, oatcakes.
Talk—Diet in special cases.
6. *Demonstration*—Nut roast, tomatoes, treacle tart, wheatmeal bread (without rising).
Talk—Care of the teeth.
7. *Demonstration*—Polenta, vegetable curry, fish for invalids.
Talk—Class of homes.
8. *Demonstration*—Bread and (with) summer pie, celery cheese.
Talk—Summary.

Fees : Course of eight, 5s. ; Single lecture, 1s.

NATIONAL UNION OF TRAINED NURSES.

The Bath Branch of the National Union of Trained Nurses held its Annual Meeting on January 31st at Forts Room, Bath, by the kind invitation of Miss Manning. The Committee, officers and representatives were re-elected for the current year, a special vote of thanks being passed to the Honorary Secretary, Miss Terry, for the zeal and ability with which she had conducted the work of the Branch. Miss Terry presented the Report, and stated that the Branch has now 99 members, therefore only missing by one the right to send two representatives to the Central Council.

Miss Murlis presented the Financial Report, and the adoption of both reports was proposed by Miss Gaskell, seconded by Miss Cherry, and carried. Both Miss Gaskell and Miss Murlis expressed the opinion that it was most desirable to place the Union on a sound financial footing, and they felt sure that all Bath members would wish to take their share in supporting the Central

Fund of the Union. It was therefore unanimously decided to raise the minimum subscription for Full and Associate Members of the Bath Branch to 2s. 6d.

Miss Eden gave a short address in which she explained some of the developments of the Union. She showed how a great struggle for the professional control of the Union, so essential for its welfare, had taken place; and said that it had now been definitely decided that the Union was to be controlled by the fully-trained nurses, and that only these could become members of the Central Council. She stated that there were now nearly 2,000 members, and said she felt assured that if only this number could be doubled the Union would have a very definite claim to influence the organisation of the profession. She urged all those present to bring as many recruits to the Union as possible. Miss Eden then explained on broad lines the difference between the Bill for State Registration and the scheme for a Nursing College incorporated under the Board of Trade, and advised all those present to study the question most carefully as one of vital importance.

Miss Eden showed how the Union had been privileged to assist in National and International work by the establishment of the Nurses' War Register; assisting in the organisation of the Urgency Cases Hospital for France, the Friends' War Victims Relief Expedition for the devastated provinces of France, the Women's Maternity Hospital for refugees in Russia; and by sending out a Unit under the French Flag Corps.

The speaker concluded her address by telling how a member of the N.U.T.N. was recently talking to a Matron who had returned from France. The latter caught sight of the star badge and said: "I have been at the front for more than a year, and I have found that badge the mark of a reliable nurse."

The following is the list of appointments of nurses arranged by the Union during the week:—

Miss E. Robinson, Cherbourg; Miss J. M. Cousin (Sister), V.A.D. Hosp., Cirencester, Glos.; Miss J. M. Dagleish (Night Sister), V.A.D. Hosp., Cirencester, Glos.; Miss N. F. Tattam, Mrs. Curry's Hosp., Ruthven, Wales; Miss H. M. Anderson, Military Hospital, Winchester; Miss D. K. Okey, Urgency Cases Hosp., Revigny.

ST. MARY'S NURSERY COLLEGE.

St. Mary's Nursery College, Belsize Lane, Hampstead, N.W., is doing good work in giving a practical and theoretical training to girls who desire to become children's nurses. The accompanying photograph shows some of the nurses looking after their little charges at dinner-time. Just now the College is needing a Superintendent, an announcement concerning which will be found in our advertisement columns. The salary is up to £100 a year, and



DINNER TIME AT ST. MARY'S NURSERY COLLEGE.

applications are desired from trained nurses who have held the position of Hospital Sister or other posts of responsibility, and have a knowledge of the discipline and order necessary in conducting a training school for students. A religious qualification is not essential, but it is desirable that the lady selected should be a member of the Roman Church. For further particulars we refer our readers to the advertisement on page i.

BOOK OF THE WEEK.

"THE FREELANDS."*

This story is a pill disguised as a sweetmeat. There is just a thought too much of the pill, and not enough of the nice sugary coating. Not that we have a quarrel with novels with a purpose; far from it; but too much of the social problem in a work of fiction is apt to make it just a little tiresome. In these strenuous and nerve-racking times, we have a right to demand that our recreations shall be free from problems.

We have before us in "The Freelands," a tale of the tyranny of the landowner towards his humble tenants, and the justly expressed indignation of right-minded persons towards this attitude.

The Freeland family consisted of several branches of married brothers, some rather inclined to be something of cranks though only Tod is avowedly so. Of Felix we have the first glimpse as he was on his way from his house in Hampstead to his brother John's house in Porchester Gate. "He was conscious that the people passing him were distressingly plain, both men and women, plain with the particular plainness of those who are quite unaware of it. It struck him forcibly while he went along, how very queer it was that, with so many plain people in the country, the population managed to keep up even as well as it did."

Felix's object was to confer with two of his brothers, as to his fourth brother Tod's attitude to the Mallorings who owned all the land round about him. Said Stanley, "It doesn't do. They've fallen foul of the Mallorings over what they call injustice to some of the labourers."

They summed up Tod's inconvenient attitude, as owing to his being "so d——d unique."

Felix was deputed to journey down to the country and remonstrate with him.

Kirsteen, Tod's wife, is described seventeen years previously, as having a brown face and black hair, fiery grey eyes, eyes all light under black lashes, and such a strange smile, bare, brown, shapely arms and neck, in a shirt of rough creamy linen, and from under a bright blue skirt, bare brown shapely ankles and feet. The Kirsteen of the present date does not appear to have altered materially. Of late years she had become 'rabid' over the land question.

The "Tods" were hand in glove with the cottagers.

Felix on his visit of investigation, first made the acquaintance of Tod's son and daughter. "They were a couple; strange, attractive, almost frightening; Kirsteen had brought his brother a formidable little brood."

Tod was cutting down a tree in the orchard when he caught sight of Felix, whom he had not seen for many years.

"Fancy," he said, "old Gladstone spending his leisure cutting down trees—of all melancholy

jobs." Then looking sorrowfully at the pear tree. "Seventy years, and down in seven minutes. Well it had to go."

His speech was slow like that of a man accustomed to think aloud. Felix admired him askance, "I might live next door," he thought "for all the notice he's taken of my turning up."

Tod looked at Felix.

"What have you come for, old man?"

Felix smiled. Quaint way to put it.

"For a talk," he said, but before he could pin Tod's attention it had wandered off again to his beloved nature study, and had become absorbed in the contemplation of a wren.

"Felix waited. Tod was getting awfully eccentric, living this queer out-of-the-way life year after year with a cranky woman, never reading anything, never seeing anyone but tramps, and animals and villagers. And yet, sitting there beside his eccentric brother, he had an extraordinary sense of rest. It was but perhaps the beauty and sweetness of the day with its dappling sunlight brightening the apple blossoms, the wind flowers, the wood sorrel, and in the blue sky above the fields those clouds so unimaginably white."

Amid such calm peace as this, Tod's family pursued the question of equality of right, with burning zeal, and with sympathetic passionate partisanship.

It was here that the hot-headed young brother and sister incited the labourer Tryst to revolt against this arbitrary eviction from his cottage, which resulted in his committal for trial for arson and a subsequent sentence of three years' penal servitude. Poor fellow, he shortened the sentence by tragic suicide. Mr. Galsworthy evidently feels keenly the wrongs of the working classes, and he is much to be admired for expressing this so ably and forcibly. But having unburdened himself of this duty, we hope that at no far-off date he will repeat the delights of such works as his "Man of Property," and "The Country House."

H. H.

COMING EVENTS.

February 12th.—The National Council of Trained Nurses of Great Britain and Ireland. General Meeting of Members to consider a Circular Letter, addressed by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee to Committees of Hospitals, proposing a voluntary scheme for the organisation of Nursing Education and the Control of the Nursing Profession. Large Hall, Royal Society of Medicine, 1, Wimpole Street, London, W. 4 p.m. Trained Nurses who are not members of affiliated societies can obtain tickets from Hon. Sec., 431, Oxford Street, London, W.

February 14th.—Her Majesty the Queen unveils the Medallion Memorial to Florence Nightingale in the Crypt of St. Paul's Cathedral. 2.15 p.m.

* By John Galsworthy. William Heinemann, London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

MISS SWIFT'S LETTER TO MISS LEE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—On reading Miss Swift's reply to Miss Clara Lee in the Journal of the 20th ult. one is at once impressed by the weakness of the cause she is trying to plead. So weak, indeed, that powerlessness is reflected in the number of ambiguous phrases and sentences strung together to appear both imposing and persuasive.

A whole paragraph is devoted to Mr. Stanley's interest "in several general hospitals" and his position as Chairman of the Joint War Committee. Now, with all due respect to Mr. Stanley, and what he has done (which no one seeks to question), there is no just reason why he should desire to dominate, regulate, educate, and dictate to the whole hospital and nursing world outside a few English hospitals.

In the next paragraph Miss Swift gives it as her opinion that it is useless to be "like children crying for what we cannot obtain meantime." This statement shows a strange want of knowledge of children, who do not cry for what they know they cannot and will not get, but who cry for what they know they will get if they only persevere in crying!

The scheme in question may meet all the requirements desired by Miss Swift, but it certainly will not meet the requirements of a large body of trained nurses who are supported by the medical profession as a whole. Naturally she desires "unity," but it is that form of unity which will fall in with, and further the ends of, the scheme in which she is interested.

"The question of consulting the individual nurse will come later." No sane nurse is likely to be blinded by this sentiment. The reference to "recognition" which is to come "later on" is even more unsatisfactory. What that "recognition" means Miss Swift does not tell us, but no doubt if she meant by that term State Registration she would have expressed herself more distinctly.

The skeleton of the old anti-registration "directory" or whatever it was called, is evidently to be brought out again and have a little flesh put upon its bones and a little breath in its nostrils; but if Miss Swift and those who back it can make no better defence on its behalf than the letter I refer to, they may as well **bury** it decently, and bring about a "unity" which will appeal to the great majority of those who desire to see justice rule and commonsense guide.

I am, yours faithfully,

Bay View, E. A. STEVENSON.
Johnshaven, Kincardineshire.

THE PRESTIGE OF LEGAL STATUS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I hold a certificate for three years' training from St. Bartholomew's Hospital, signed by the late Matron, Miss Isla Stewart, a woman revered throughout the nursing world at home and abroad. It, of course, carries with it no legal status, but as evidence of my professional capacity and status it is all I desire, until such time as my qualifications can be registered by a Board possessing the statutory authority conferred upon it under a Nurses' Registration Act.

Why should a voluntary society be set up to grant Certificates of Proficiency when the House of Lords, and a Select Committee of the House of Commons are convinced that it is in the public interest that nurses should be granted legal status? I, for one, have no use for any such "scrap of paper," signed by the Matrons of St. Thomas's, or Guy's, or the London Hospitals, or even by Princesses or Duchesses or "other persons interested in nursing education," and I feel sure all Bart's Nurses will sympathize with this point of view. The Bart's certificate is good enough for us, until the State, after a Central Examination, grants "Certificates of Proficiency in Nursing" which carry with them the prestige conferred by legal status. Even then we shall value our school certificate, as Registered Nurses do in the United States.

The idea of a nominated voluntary Council of Management, even if composed of all the Matrons in the Metropolis (a position I have myself held) leaves me cold. Why should I, or any other trained nurse be controlled by them? What we want is legal status, and a Certificate of Proficiency signed by the direct representatives of registered nurses. Nothing more, and nothing less.

I am, Dear Madam,

Yours faithfully,

MARGARET BREAY,
Cert. St. Bartholomew's Hospital.

NO RIGHT TO INTERFERE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I point out to your readers two very important facts which may possibly be overlooked in regard to this fresh attempt upon the liberties of the nursing profession. The Joint War Committee (on which there is not one trained nurse) is apparently responsible for this scheme, is composed of representatives of the Order of St. John and the British Red Cross Society, and St. John Ambulance Association part of its constitution does not recognise any but medical practitioners as teachers of Nursing. Therefore, according to their ruling no nurse, however expert in her own profession, is capable of teaching even its elements, whilst a medical man with no knowledge of practical nursing, may, and does try to teach it—to totally untrained women. Often one hears of a doctor giving

lectures on Home Nursing taking a nurse with him to demonstrate an art of which he has only read! Surely nothing could be more wrong. Can we as highly skilled professional women permit our educational curriculum to be defined and controlled by people who know nothing about it, and have no right whatever to interfere with us. Why will not these kindly intentioned people who are naturally distressed at the present nursing muddle, help us to organize it in our own way, as we have been clamouring to do for the past quarter of a century? We know, as it has been tried and failed, that any voluntary system as proposed in Mr. Stanley's letter is merely a palliative and not a cure for the disease of disorganization. Let the Joint War Committee use its influence to get the Nurses' Registration Bill passed into law—for such help we should be thankful. But interference and control by any lay committee will compel us to a lively protest.

It is curious that whilst one half of Europe is fighting against Germany because she wishes to force the world to adopt what *she* thinks is best for it, there is a group of well-meaning men and women in England who wish to do the same with trained nurses. When will leisured people learn that those most concerned are most likely to know their own needs?

I am, dear Madam,
Yours sincerely,
MARY BURR.

Montreux, Switzerland.

[We are informed that owing to the urgent demands made by the War Office, and the lack of medical practitioners able to spare sufficient time for such matters, the Association has temporarily approved of the employment of lay instructors who hold certain qualifications (a Medallion and two Labels obtained since 1912) to act as lecturers on behalf of the Association in First Aid.—Ed.]

TRUSTEES OF PUBLIC FUNDS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I, for one, desire to protest against the Joint War Committee assuming any professional responsibility for the Nursing Profession in this country. It has no qualifications whatever for organizing our education or maintaining discipline in our ranks; and it has no mandate from its subscribers to spend money either in office room, stamps, stationery or clerical work for such a purpose. It is the trustee of money subscribed by a generous public for the care of the sick and wounded, and not one penny should be spent for any other purpose; it has nothing whatever to do with nursing politics. May I request you to find space for this letter this week, if possible, as I and others feel very strongly on this point.

Yours truly,
North Finchley. ELLEN B. KINGSFORD.

ORDERLIES IN MILITARY HOSPITALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with mixed feelings your article (in a recent issue) entitled "Our Orderlies," by "Ward Sister." As an educated man, who became an orderly for the period of the War, I beg to be allowed space in your valuable paper to voice my opinion as an orderly. Some misunderstanding seems to exist between the Ward Sisters and the Orderlies of the R.A.M.C. I should like to take this opportunity of saying that we, like men of the fighting regiments, resigned our situations in civil life, to be at the call of our country. May I say that, if the majority of the men of the R.A.M.C. knew the duties they would be called upon to perform (before they enlisted), they would have given the R.A.M.C. a very wide berth. I ask, in all fairness as a man who is pronounced fit by the medical authorities, is it right that I should be cleaning brasses (as referred to by "Ward Sister"), whilst my comrades at the Front are risking their lives daily? In reply to "Ward Sister," I would suggest that (apart from nursing abilities), the orderlies in our hospitals are equally as educated as the sisters to whom they are sent for training. Of every R.A.M.C. orderly who reads this letter, I would ask, what has been your training in hospital? There are hundreds of orderlies who have been drafted to the Front, whose only training in hospital has been with scrubbing brush and pail. In summing up, I would suggest that "Ward Sister's" letter was not logical, as the last statement contradicted all that preceded it. I will also take the liberty of saying that this letter is written by one who would prefer to write in this strain than use such unladylike expressions as "Ward Sister" did. I take pleasure in enclosing my full name and hospital where I am stationed.

I am, Madam,
Yours very respectfully,
HORACE BRIGGS,
Evington Military Hospital, Pte., R.A.M.C.T.
Leicester.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Fridays, 11th and 18th February, 2.30 to 5 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing is an additional advantage, also a knowledge of French.

OUR PRIZE COMPETITIONS.

February 19th.—Describe (a) the symptoms and (b) the nursing of cerebro-spinal fever.

February 26th.—What are the more common causes of neurasthenia? Mention some of the more common symptoms.

The Midwife.

THE PHYSICAL DEVELOPMENT OF THE CHILD.

The third lecture of the Midwives' Course on Infant Care was delivered on Monday, February 7th at the Royal Society of Medicine, 1, Wimpole Street, by David Forsyth, Esq., M.D., F.R.C.P., on the Physical Development of the Child.

Infants, said the lecturer, were practically all born sound, and all developed along identical lines. There were certain changes which should all be completed in the first week of birth, and in most cases this was accomplished.

As an instance of failure in this respect was what was known as congenital heart disease, which was a misnomer as the heart was normal at birth, but the changes which should have been effected in it during the first week had failed. In the child there was the phenomenon of growth. It was erroneous to regard the infant as a miniature adult, for there were important differences of proportion, noticeably there was the head which was large in proportion to the body, and the body that was out of proportion to the legs. Great changes were noticeable in the skeleton of the infant. The spine which in the adult took a double curve was straight in the infant, but as soon as it got upon its feet, the curving began. Nature in this way providing that the shock of placing the foot on the ground should be broken. So in the moulding of the pelvic bones. Before the child begins to walk, these bones have no pressure to sustain, but from that period the constant pressure causes them to become more and more moulded, so that at the age of two years there was not so very much difference in their shape compared with that of the adult, but there was the greatest difference compared to that of a new born child. Then again the foot of an infant was not nearly so shapely as in later years. The arch for example was absent and not till infants begin to walk do they get a normal instep. The arch of the foot also minimises shock. The heel attachment to the muscle of the calf also undergoes development. The lecturer pointed out the seriousness of ricketty softening of the bones, especially of the pelvis in girl babies. He explained the bad effects of adenoids, and the deformity of the chest which they were likely to produce. He next explained the growth of the long bones, and pointed out the rapidity with which it took place in the first few years of life. A child at birth measuring 20 inches, would attain to 30 inches by the time it had completed its first year. At four years it would measure 40 inches. The rapidity of growth was supervened. The next period of

rapid growth took place just before puberty. Height is less at the end of the day because the elastic cartilages of the spine are pressed together. A recruit for the army recently, being under the regulation height, took 48 hours in bed, and thus attained the requisite inches.

Dr. Forsyth explained the difference in warm and cold blooded animals. The young infant, which of course belongs to the former class, has no means of controlling its temperature as has the adult. The loss of heat which occurs depends largely on the amount of heat which is stored. He illustrated this by pointing out that if a cup of hot water and an egg cup of the same were placed side by side, the latter would become cold long before the contents of the cup.

The smaller the animal the greater amount of heat loss. Hence the necessity for keeping the infant warm with artificial heat. Nature provided partly for this in young children by the thick layer of fat to be found under their skins. In the newly born there was no power of heat regulation, and if not protected their temperature would fall till it reached the level of the external air.

THE LONDON COUNTY COUNCIL.

CERTIFIED MIDWIVES PRACTISING WITHIN THE COUNTY OF LONDON.

The Midwives Act Committee reported on Tuesday to the London County Council that Section 8 (5) of the Midwives Act, 1902, requires the Council, as the local supervising authority for the administrative county of London, to supply to the Central Midwives Board, during the month of January in each year, the names and addresses of all certified midwives who, during the preceding year, notified their intention to practise within the county. 564 certified midwives gave such notice during 1914 (an increase of eight over the previous year), and a list of their names has been forwarded to the Board. In addition, 15 notices were received during the year from persons who acted as midwives on specific occasions, and 12 notices from certified midwives who intended to practise in the county during periods of less than one year.

LYING-IN HOMES-ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT-REGISTRATION FEES.

The Public Control Committee reported that it is necessary that a non-incorporated society, association, or body carrying on a lying-in home or an establishment for massage or special treatment should, when applying for registration under the London County Council (General Powers) Act, 1915, submit a certified copy of a resolution authorising a matron, superintendent, manager, or other responsible person to act on

us behalf. When the authorised person is changed the newly appointed person must be registered, and they are of opinion that a fee of 1s. only should be charged instead of the full fee of 5s. or £1 1s., as the case may be, for such registration. The Finance Committee concur in the proposal, and the General Purposes Committee will, in due course, submit the necessary modification of regulation No. 647. The Committee accordingly recommended: "That the fee payable in respect of an application for registration of a lying-in home or an establishment for massage or special treatment, necessitated by a change of the responsible person authorised by a non-incorporated society, association, or body to carry on such home or establishment on its behalf, be one shilling."

THE NOTIFICATION OF BIRTHS ACT.

At the recent Annual Meeting of the Totnes Benefit Nursing Association, when the Mayor, Mr. G. Symons, presided, an address was given by Miss Bell (Superintendent of the County Nursing Association), on the Notification of Births Act and the notification of measles. The former was going to affect Nursing Associations almost as much as the Midwives Act, but it would be practically a dead letter unless the cases were followed up. Any scheme put forward must cover the whole county. It would cost not less than £1,600 a year to work the Act satisfactorily. The county would receive back half from the Local Government Board. District visitors and practising midwives were the right persons to act as health visitors. If independent health visitors were appointed, they would upset the Nursing Associations and prove a constant source of friction.

Whoever are appointed as Health Visitors, it is essential, if their work is to be effective, that they should hold special qualifications and be recognized public officials. District visitors are usually ladies of leisure who do a certain amount of visiting among their poorer neighbours, but are not in any way specially trained or possessed of expert knowledge. Again, three or even six months' training as a midwife is not a sufficient qualification for dealing with the problems which confront the health visitor.

The Mayor of Stepney, opening an exhibition of mothercraft at the Whitechapel Gallery on Monday last, said that next to war work he knew of no better way of doing one's duty than trying to save young life in a borough like Stepney, where a thousand babies died every year under the age of 12 months.

A marriage will shortly take place, very quietly, between Sir William Barrett, F.R.S., of Kingstown, County Dublin, and Dr. Florence Willey, of Devonshire Place, London, W., well known to nurses and midwives through her much appreciated lectures.

BIRKENHEAD MATERNITY HOSPITAL.

At the Annual Meeting of the Birkenhead Maternity Hospital the Annual Report of the Committee, presented by the Hon. Secretary, contained the following paragraph:—

"It is with great regret that the Committee announce the resignation of the Matron, Miss Tickle, who for ten years has worked with a thoroughness of self-sacrifice impossible to estimate. This step has been taken by the Matron after long consideration and solely on account of continued ill-health. The thanks of all concerned in the management are due to Miss Tickle for the splendid work she has accomplished not only in the hospital but also for the training school which has a record of success difficult to surpass. The post of Matron has been offered to and accepted by Miss Jean Watson, Sister-in-Charge of the Maternity Department, Royal Infirmary, Dundee, the candidate chosen unanimously by the Committee from among a large number of applicants."

THE CENTRAL MIDWIVES BOARD FOR SCOTLAND.

By virtue of steps taken by the Lord President of the Council, in pursuance of Section 3 of the Midwives (Scotland) Act, 1915, the Central Midwives Board for Scotland has been *provisionally* constituted as follows:—

The Lady Balfour of Burleigh, appointed by the Lord President of the Council; Sir Archibald Buchan-Hepburn, Bt., appointed by the Association of County Councils for Scotland; Sir Robert Kirk Inches, Knt., appointed by the Convention of the Royal Burghs of Scotland; The Lady Susan Gordon-Gilmour, appointed by the Queen Victoria Jubilee Institute for Nurses (Scottish Branch); Archibald Campbell Munro, Esq., M.B., C.M., D.Sc. (P.H.), appointed by the Society of Medical Officers of Health of Scotland; Professor Sir John Halliday Croom, Knt., M.D., F.R.C.P. (Edin.), F.R.S., appointed by the University Courts of the Universities of Edinburgh and St. Andrews (conjointly); Professor Murdoch Cameron, M.D., C.M., appointed by the University Courts of the Universities of Glasgow and Aberdeen (conjointly); James Haig Ferguson, Esq., M.D., F.R.C.P. (Edin.), F.R.C.S. (Edin.), appointed by the Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, and Royal Faculty of Physicians and Surgeons of Glasgow (conjointly); Michael Dewar, Esq., M.D., C.M., and John Wishart Kerr, Esq., M.B., Ch.B., appointed by the Scottish Committee of the British Medical Association.

The two certified midwives nominated by the Lord President are not yet appointed, possibly because they must first be enrolled, but it is to be hoped the appointments will be made at the earliest possible date, so that the Board may have the advantage of their professional knowledge and assistance during the formation of the Roll and the drafting of the rules.

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EDITORIAL.

TRAINED WOMANHOOD.

"It is fitting that your Majesty, on behalf of English womanhood, should unveil this monument."

The nursing profession will, with one accord, endorse the words of the Archbishop of Canterbury in the speech which we quote below. Whose hand but that of the Queen of these Realms should unveil the memorial to the incomparable genius of the founder of the science of nursing in the crypt of the Metropolitan Cathedral?

On the arrival of the Queen the Archbishop said:—

"MAY IT PLEASE YOUR MAJESTY,

It is my privilege as spokesman of those who are here, and of very many who are not here, to ask Your Majesty to unveil a monument of beauty and importance in itself, with a significance enhanced tenfold by the circumstances which in the nation's life surround this hour of its unveiling. More than half a century has passed since the dark and anxious winter of 1854, when under the clear eye, and the firm hand, of a lady whose vision and capacity were on a par with her splendid devotion, chaos and mismanagement began to disappear from our Army hospitals, a new era of nursing was inaugurated, and the name of Florence Nightingale was on every lip.

In a few short weeks the puzzled curiosity, and the half adulatory, half critical surprise with which her enterprise was greeted, had been merged into universal acclaim of gratitude and praise, and into the modern life of 'this troublesome world' a new benediction had been born.

For half a century we have thanked God for what Florence Nightingale has wrought and taught, but we did not know its range, or its greatness, until now. So it is fitting that your Majesty, on behalf of English womanhood, should unveil this monument in a year when, in the nation's need, tens of thousands of women are, with a persistency of quiet devotion, and a ministry of steadily increasing skill, following the paths wherein 'the Lady with the Lamp' was pioneer.

It is easy, or rather it is not easy, to measure what the difference might have been, had that pioneer been a woman of unbalanced enthusiasm, however eager, or of mere plodding devotion, however praiseworthy; the lead so given might easily have been discredited, and therefore fruitless of result; but when to a buoyant faith, a courageous hope, and a large love, were superadded the gifts of penetrating judgment, of potent personal influence, and of almost unrivalled administrative skill, the fruitfulness of the leadership was immediately secure.

England, and through England the whole world, know now, to a degree they never knew before, in camp and hospital, on land and sea, the priceless value of the gentle deftness, and the tender skill of *trained* womanhood, both in peace time, and when the horrors of war are at their worst.

We do well to set here, in our Cathedral, among our warriors' tombs, the monument of one to whom we owe so much, and I ask your Majesty to make visible to all of us a beautiful and enduring reminder of the lessons of her life."

Her Majesty then said, "I have great pleasure in unveiling this memorial," and there was revealed the marble bas-relief, in an alabaster frame, depicting Florence Nightingale holding a cup to the lips of a wounded soldier. Above the plaque the words, "Blessed are the merciful," and below, "Florence Nightingale, O.M. Born May 12th, 1820. Died August 13th, 1910."

Above in the Cathedral a vast congregation, including members of the nursing staffs of all the principal hospitals and Services, convalescent soldiers, and a contingent of 100 sailors, awaited the conclusion of the service, which was held under the dome, when the words read by the Dean were singularly appropriate:

"These were honoured in their generation and were the glory of their times. There be of them that have left a name behind them, that their praises might be reported; and some there be which have no memorial. . . . Their bodies are buried in peace, but their name liveth for evermore."

OUR PRIZE COMPETITION.

DESCRIBE (a) THE SYMPTOMS, AND (b) THE NURSING OF CEREBRO-SPINAL FEVER.

We have pleasure in awarding the prize this week to Miss Violet R. Dawes, Camberwell Infirmary, S.E.

PRIZE PAPER.

Cerebro-spinal meningitis is caused by the invasion of a germ, "diplococcus intracellularis," into the cerebro-spinal system, and is an acute infectious disease. After a few days of general discomfort there is intense headache, pain in back, vomiting, rigors, giddiness, and neuralgic pains in abdomen, and painful spasmodic contractions in the muscles of the extremities; these occur at an early stage. The symptoms quickly become more marked. Headache is acute, and is more marked in the occipital region. The muscles of the entire body become excessively tender; those in the back and in the back of the neck become contracted and rigid, causing arching of the back, as in tetanus, and retraction of head, while the limbs become helplessly flexed. There is high fever, restlessness, often developing into delirium; the vomiting often continues as a troublesome symptom, and is frequently greenish in colour. The characteristic rash usually appears on the fourth day, but may be later; it is sometimes delayed until after death, when its appearance will confirm an uncertain diagnosis in cases which have terminated fatally before lumbar puncture could be performed. The eruption may appear as blood vesicles or as purpuric spots on body or face.

The utmost gentleness of touch and quiet movement on the part of the nurse is essential in these cases; patients are very sensitive to cold, and extra blankets and hot-water bottles will be in requisition, taking extra care to avoid burning with them. The room must be darkened, well ventilated, kept at a temperature of 65° F., and all unnecessary furniture and hangings turned out. The patient should be isolated, and utensils and linen reserved for his use; the utensils may be kept in disinfectant solution, and boiled when the case is over. Bed and body linen should be received into buckets containing an efficient disinfecting fluid, and soaked at least six hours before sending to be washed. Discharges from nose and eyes should be swabbed with old linen and burnt at once. The throat, when possible, should also be swabbed with a mild antiseptic.

The nurse should well scrub her hands in disinfectant each time she attends to the patient. Ice compresses, frequently renewed, will relieve the intense headache. Feeds must

be given frequently and in small quantities when swallowing is difficult, the nourishment must be fluid, varied as much as possible; nasal feeding may have to be resorted to. In some cases large amounts can be taken, which is more satisfactory, as the powers of resistance rely on the maintenance of good nutrition. Stimulants are not given.

Some authorities recommend hot baths for five to twenty minutes three times daily. These soothe the patient, and are followed by long periods free from the distressing restlessness, often resulting in sleep. Given skilfully they should not entail exertion on the part of the patient. The bath should be prepared at the right temperature, and wheeled to the bedside, and the patient lifted bodily in on a sheet by four or six nurses, and hot water added from time to time to maintain the temperature. These are, of course, only given under medical order. When not permitted, the temperature may be reduced, and the patient soothed by "tepid sponging."

Bedsore must be carefully guarded against at all pressure points. Blisters frequently appear apart from pressure, and must be reported immediately to the doctor. Cleanse mouth frequently.

Spinal puncture is performed in these cases, both for "treatment" and for diagnostic purposes. The skin should be prepared from the bottom of the spinal column upwards for ten inches. It should be washed, thoroughly dried, and rubbed with ether and painted with tincture of iodine, and covered with an antiseptic dressing.

The exploring needle is inserted into the spinal canal, and the fluid withdrawn, which is then chemically examined for the presence of the germ, or an antitoxin serum is injected into the canal by a special syringe.

Aseptic precautions must be carefully observed, and all test tubes, &c., boiled; a flat basin of hot water provided to warm the serum.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. E. Hall, Miss J. G. Gilchrist, Miss E. O. Walford, Miss Margaret L. Beebe, Miss K. Kohler, Miss S. A. Cross, Miss M. D. Hunter, Miss Gladys Tatham, Miss C. G. Cheateley, Miss S. Simpson, Miss E. A. Noblett.

A nursing point mentioned by Miss Gladys Tatham is that if anti-meningitis serum is being employed, the foot of the bed should be raised for six hours after the injection, to assist the flow of serum towards the base of the patient's brain.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

ORGANISED NURSES STAND FIRM FOR STATE REGISTRATION.

By the courtesy of the Royal Society of Medicine, a General Meeting of members of the National Council of Trained Nurses of Great Britain and Ireland was held in the Lecture Hall of the Society, No. 1, Wimpole Street, London, W., on Saturday, February 12th, at 4 p.m. Mrs. Bedford Fenwick (President) was in the chair.

The meeting was summoned to consider a Circular Letter, sent by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee, to the Chairmen of Committees of Hospitals, proposing to establish a College of Nursing on a voluntary basis, governed by a Council of Management nominated by the Chairmen and Governors of leading hospitals, physicians and surgeons lecturing to nurses, the Principals of Nurse Training Schools, and other persons interested in the education of women.

An explanatory note on the agenda stated that the scheme provides that the Governing Body for the Nursing Profession (the Council of Management) shall be nominated and not elected, and that an Examining Board shall be nominated, a Scheme of Examinations defined, and a Certificate of Proficiency in Nursing be granted by the College. If favourably received the promoters of the scheme propose to apply to the Board of Trade for incorporation without the word "Limited."

The interest in the question was early evident by the way Matrons, Sisters, and Nurses, both civil and military, crowded into the room. It had required some faith to secure a room, which seats 450 people, at a time when the nursing profession is so fully engaged, but that faith in the professional conscience of the members of the National Council, and the belief that they would make every effort to attend a meeting, involving a question of such grave importance, was abundantly justified. Not only from London, but from the provinces, they came in hundreds, members of the various important Leagues and Societies affiliated to the National Council, to testify once more their emphatic support of the Bill for the State Registration of Nurses, and that any other method of organizing the Nursing Profession is useless. For more than twenty-five years nurses have assembled over and over again to affirm the

same thing, and it says much for their tenacity of purpose that once more, in a time of the greatest stress and strain, they responded to the call, and demonstrated their earnestness and unshaken conviction in the justice of their cause.

Supporting the President on the platform were Miss M. Heather-Bigg, President of the Matrons' Council of Great Britain and Ireland; Miss E. M. Musson, R.R.C., President of the General Hospital Birmingham Nurses' League; Mrs. Porter, ex-President of the Irish Nurses' Association; Miss Pell-Smith, Vice-President of the Royal Infirmary Leicester Nurses' League; Miss Beatrice Kent, Society for State Registration of Trained Nurses; Miss Amy B. Curtis, President Victoria and Bournemouth Nurses' League, and Miss H. Hawkins, Society for State Registration.

THE PRESIDENT'S SPEECH.

After the notice convening the meeting had been read by the Hon. Sec., Miss B. Cutler, Mrs. Bedford Fenwick said:—I have to apologise for calling a General Meeting of the National Council of Nurses to consider their own affairs at this inopportune moment, but constituent societies urged that it should be done. We women do not generally agree with the "wait and see" policy, but when the Premier decided that no private member's Bill of a contentious nature should be considered in the last Parliament, the registration party, patriots all, dropped agitation in favour of the Nurses' Registration Bill, realising that every hour of time, and every iota of energy, were urgently required in the performance of professional duty, and that our Bill, though primarily drafted for the benefit of the community, must await consideration until we nurses had helped to win the war; and how loyally and devotedly our trained nurses have played their part is even now a matter of history. They have served the State with an absolute abnegation of self which has not wavered in the face of death; and we shall have some fine mottoes to hand down to our successors, of which the exclamation during shipwreck, "Fighting men first," stands out as a stupendous evidence of heroism, which has never been excelled in any great cause.

When, therefore, it became known that, in spite of the registration truce, a small number of Matrons of large London hospitals, and others, were quietly meeting together at the office of the Joint War Committee, to consider the organization of the nursing profession, we registrationists considered their action very ill-timed.

On December 30th last, the result of these

consultations was made known in a Letter issued from the office of the Joint War Committee, and signed by its Chairman, the Hon. Arthur Stanley, M.P., addressed to the committees of certain hospitals, and by Miss Swift, the matron-in-chief, to selected Matrons; but not one of the national groups of trained nurses who for years had been honourably associated together for the effective organization of trained nursing by Act of Parliament, and who, together with progressive medical men, had drafted the Nurses' Registration Bill, were communicated with. As fate would have it, I received a copy of Mr. Stanley's Circular Letter, which we are here to consider to-day, as a press woman, as editor of THE BRITISH JOURNAL OF NURSING, not either as the former Matron of St. Bartholomew's Hospital, or as President of this influential National Council of Trained Nurses. What are known as the vertebrate and articulate groups of nurses, who have formed strong conscientious convictions concerning their own professional organization, who have spent years in working devotedly to attain legal status, who have drugged and paid for propaganda, and have converted the obtuse electorate of this deliberate nation, who have by their determination made State Registration of Nurses a live and national question, who have seen their Bill pass the Lords, and by a majority of 228 votes obtain a contested first reading in the House of Commons, who have seen the Legislatures of colony after colony pass Registration Bills for their nurses, who have seen forty-two States in the American Union deal justly with this question in fourteen years, and, low be it spoken, have even seen the German Reichstag, the Imperial Diet of the Hun, give its nurses legal status!—these nurses have received no intimation whatever from the promoters of the voluntary Nursing College scheme, that such an organization was contemplated!

This being the case, we took the following action:—A meeting of the Society for the State Registration of Trained Nurses was summoned. It considered Mr. Stanley's Circular Letter. It promptly came to the conclusion that the proposed scheme was dangerous to the best interests of the nursing profession, and that its delegates on the Central Committee for State Registration should be instructed to oppose it in its present form, and to push forward legal registration. A meeting of the Central Committee was called, and its Executive Committee was instructed to seek an interview with Mr. Stanley and his advisers, and this interview, which, let us hope, may have

desirable results, is to take place when the arrangements in connection with the proposed College of Nursing scheme are a little further advanced—that is, when they have been considered by the governors of hospitals and others.

We then communicated with the Comptroller of the Companies' Department of the Board of Trade asking for information, to which we received a courteous reply, and later inquired if the Joint War Committee was responsible for the College scheme, and were informed by the Secretary "that the members of the Joint War Committee (on which there is not one trained nurse) have approved of Mr. Stanley carrying on negotiations in connection with the proposed College, reserving to themselves the right to decide at a later stage whether they will associate themselves definitely with the scheme, and if so, to what extent."

Upon the request, primarily, of the Matrons' Council, this meeting has been convened, so that, although we have not been invited to do so, the organized societies of certificated matrons and nurses may consider the Circular Letter, and take such action as seems desirable, and resolutions will be put forward for your consideration. You have each a copy—there is no need to consider it in detail, as it merely foreshadows the scheme. The crux of the question is, Who is going to govern the Nursing Profession? In the College scheme as in the Nurses' Bill, a governing body is defined. In my right hand I hold the Nurses' Registration Bill; you know its underlying principles. First and foremost an **elected** Governing Body, representing primarily the interests of the class to be governed; it provides for a central independent examination, one portal to the legitimate practice of Nursing, for legal status, registration—and some degree of economic protection—all great levers of professional liberty.

In my left hand I hold the Circular Letter, defining the scheme for the Voluntary Nursing College, which provides for a **nominated** Governing Body by employers of nurses, presumably a variety of portals to the practice of Nursing, to be defined by lay opinion, no independent central examination, no legal status, no State protection. In fact, the proposed Council of Management deprives the individual nurse of professional enfranchisement and all power of self-government, and sets in motion the wheels of privilege, whereby you may be ground exceeding small.

Mrs. Fenwick then touched on a few of the

salient features of the scheme and read expressions of opinion by telegram and letter.

She said :—The following telegram is of vital importance at this crisis of our imperial history :

RECIPROCITY WITH THE COLONIES.

" Serious reason against voluntary scheme ; extinction of reciprocity with Colonies.—Holgate,

record my adherence to the principles we have been working for for so many years—a definite standard of education protected by legal authority. At the same time, I do earnestly hope that since those who have so strenuously opposed State Registration are at last alive to the urgent necessity of some steps being taken to reorganise the nursing

profession, that some way may be found by which co-operation between the two parties may be agreed on."

Mrs. Fenwick said everyone present would second this expression of opinion.

Miss Hulme, Hon. Secretary Matrons' Council, wrote : " I deeply regret that my work here will prevent me from attending the meeting of the National Council of Nurses. I want you to know that I *emphatically support* the Resolutions on the Agenda, and I hope that all believers in State Registration will muster in full force on the occasion. Hoping the meeting will be resolute, enthusiastic and successful."

Miss G. A. Rogers, President of the Royal Infirmary, Leicester, Nurses' League, wrote that it was with real regret indisposition prevented her attending the meeting ; " the subject is one of the utmost importance to the nursing profession and I wish I could come and record my vote in favour of legal registration."

FROM SCOTLAND.

Mrs. Strong, for so many years the leader in nursing education in Scotland as Matron of the Royal Infirmary, Glasgow, and President of the Scottish Nurses' Association had expressed the opinion that " A very strong protest is needed against introducing any further complications into

our nursing politics, chaos abounds as it is, and a Voluntary College would be one more difficulty to contend against. Nothing less than a State-controlled curriculum, with its attendant examinations to qualify for a Diploma will suffice."



MISS MILDRED HEATHER BIGG,
PRESIDENT MATRONS' COUNCIL GREAT BRITAIN AND IRELAND.

New Zealand, Registered Nurse, Examiner State Registration."

Miss Cox-Davies, President of the Leagues of St. Bartholomew's, and Royal Free Hospital Nurses, wrote : " I am very sorry not to be at the meeting this afternoon. . . . I should like to

Miss E. A. Stevenson, Hon. Secretary of the Scottish Society of Trained Nurses, wrote:—"Much to my regret it is impossible for me to be present at the meeting on the 12th. I trust that the Resolutions on the Agenda will be unanimously adopted. Since I addressed a letter to you as Hon. Secretary of the Central Registration Committee, I have received letters from members of this Society warmly commending the Council for taking action in communicating with the Registration Committee and condemning strongly the scheme proposed by the Hon. Arthur Stanley for incorporating a Voluntary College of Nursing to be governed by a nominated Board of Management, and the proposal to apply to the Board of Trade for incorporation without the word 'Limited.' Amazement has been expressed at the method adopted by Mr. Stanley and his supporters in moving for the promotion of such a scheme under the British Red Cross Society and the Order of St. John of Jerusalem in England. Mr. Stanley has been struck by lack of organization amongst authorities responsible for the training of nurses and 'nurses themselves'—he has either been misinformed in regard to organization among nurses, or, for some reason left unexplained he has abstained from consulting professional opinion. Parliamentary, public, and professional opinion appears to have been considered immaterial, for as expressed by Miss S. A. Swift, 'A few of us have met informally at the Red Cross Office and put together' the scheme which trained nurses have been asked to support without question. It is inconceivable that any unbiassed or fair-minded individual or organization, business or professional, can countenance a scheme launched under such unbusiness-like circumstances. At the last meeting of members of this Society, a resolution was passed *nem. con.* supporting the Bill for the State Registration of Trained Nurses now before Parliament. Finally, I have to add, that the Council of this Society will oppose the scheme (as outlined by Mr. Stanley in his Circular Letter) as antagonistic to the passing of an Act for the State Registration of Trained Nurses, opposed to the interests of trained nurses and a danger to the sick."

FROM IRELAND.

From Dublin the Irish Nurses' Association had forwarded the copy of an Emergency Resolution passed on February 5th:—"That this Meeting of the Members of the Irish Nurses' Association desire to reassert their strongly held opinion that compulsory examination, and registration by the State, is the only form of organisation suitable to their needs, and believe that any voluntary scheme such as suggested by the Hon. Arthur Stanley would be prejudicial to their interests."

Resolutions were read from the Victoria and Bournemouth Nurses' League, and the Queen's Hospital, Birmingham, Nurses League—protesting against the suggested scheme, and in support of legal registration.

Mrs. Fenwick said she had received a large numbers of letters from nurses all over the country, and from Scotland and Ireland, objecting to any voluntary scheme of organization—specially taking objection to a nominated council, and lay control, and warmly supporting the Nurses' Registration Bill. She had not received one letter in favour of the Voluntary Nursing College.

She felt sure the meeting would hope that wise counsels would prevail at the forthcoming interview between the registration representatives and the promoters of the voluntary scheme, and that if an agreed Bill received support it would be an eminently satisfactory result for all concerned, but as their President she wished for a clear mandate by resolution as to the future action of the Council.

STATE REGISTRATION DEMANDED.

The Chairman then called on Miss E. M. Musson, R.R.C., President of General Hospital, Birmingham, Nurses' League, to move the first Resolution, saying that the meeting was greatly indebted to her for coming up from the Midlands to speak at the meeting.

Miss Musson, who on rising was warmly applauded, submitted the following Resolution:

RESOLUTION I.

Whereas this Meeting of Trained Nurses is convinced that only through an Act of Parliament providing for the State Registration of Trained Nurses by an elected Body, on which the registered nurses themselves have direct and sufficient representation, can the Profession of Nursing be effectively and justly organised; and that any voluntary scheme, such as that proposed by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee, in his Circular Letter to Hospital Committees is calculated to impede such legislation: this Meeting emphatically supports the Bill for the State Registration of Trained Nurses, and desires to urge upon the Government, and upon Parliament, the pressing necessity which exists for passing such a Bill.

It would further remind them:—

(a) That a Select Committee of the House of Commons has unanimously recommended such legislation;

(b) That the House of Lords has accepted the principle of Nurses' Registration, by passing a Bill in its support;

(c) That the House of Commons has given proof of its sympathy with the principle of such legislation, by its recorded majority of 228 to introduce the Bill into that House;

(d) That the medical profession in this country, through the British Medical Association, has on numerous occasions passed resolutions, expressing its approval of the State Registration of Trained Nurses;

(e) That the self-governing associations of nurses in England, Scotland and Ireland unanimously desire it;

(7) That the Parliaments of several British Dominions and other Countries have passed such Acts for the efficient education and organisation of nurses, and for the safety and welfare of the sick, which have proved to be of the utmost benefit to the community.

Therefore similar legislation is, in the opinion of this Meeting, a matter of urgent and national importance.

Miss Musson said in part :—

Madam President, and fellow members of the National Council of Trained Nurses of Great Britain and Ireland,

It was with feelings of the greatest diffidence that I consented to propose this resolution, not that my mind is not fully made up on the subject of State Registration of Nurses, but because I am leading a most strenuous life at the present time, and have no leisure in which to collect, or adequately to express my thoughts on this subject.

The last public effort on the part of State Registrationists was the attendance of a deputation on Mr. McKenna, the Home Secretary, in the last week of July, 1914.

The kind and sympathetic attention which our deputation received on that occasion encouraged us to persevere in our efforts to obtain Registration by Act of Parliament. Plans for an energetic campaign to be carried out, after much-needed holidays were over, were already half formed, but, alas! the same afternoon the first ominous news of our strained relations with Germany appeared on the placards in the streets, and within a week the declaration of war stopped all thought of holidays or of political agitation, and there was but one thought in the minds of the nursing profession—how best we might serve our beloved country.

Political work on our part has been in abeyance. We accepted loyally the decision of the Prime Minister that no private members' Bill to which there was opposition should be considered during the Session, which was devoted to war legislation. It is not the avowed State Registrationists who have broken the truce. The matter has been opened once more owing to the letter from the Hon. A. Stanley, which has been privately circulated among a few hospital Chairmen and Matrons.

All Matrons to whom this letter was sent (as a matter of interest, I suppose, since it was addressed to Chairmen of Hospitals) received also a letter stating that the scheme was outlined (shadowed shall I say—for it does not appear to be regularly formulated) at an informal meeting of a few Matrons, who felt that "it was time that Matrons took steps to protect their trained nurses." That is to say, it owes its origin to the fact that a few Matrons suddenly awoke to the menace of the untrained nurse which has become more acute since the enormous increase of hospital accommodation, and the necessity for the "dilution" of labour in military hospitals.

The need of protection for "our trained nurses" has been very much in the minds of many of us for some years past, and we should cordially welcome the addition of more Matrons to any of the Societies formed for the advancement of the profession.

The fact that some of these Matrons have hitherto been opposed to State Registration need not discourage us. On the contrary, it seems to be a good sign that they are beginning seriously to consider the necessity for organisation and protection. I, for one, sincerely hope that a conference between the promoters of this scheme and the Central Committee for State Registration may shortly take place, with the honest wish to advance the profession on both sides, and that a "rapprochement" may be the result, and end in the strengthening of the Registration cause.

At the same time it seems strange that these "few Matrons" should not have consulted some of the established associations of Matrons. Besides the Matrons' Council of Great Britain and Ireland, there are the Poor Law Matrons' Association, the Irish Matrons' Association, the Scottish Matrons' Association, and even a humble little Association of some fifty Matrons in the Midlands. The opinion of several hundred Matrons might have been obtained had these societies been consulted.

We are all agreed with Mr. Stanley on the need for organisation, and most of us would welcome with delight the foundation of a "College of Nursing" as an educational centre for the profession.

In addition to such a College, however, we require the legal status which can only be assured to us by Registration by Act of Parliament. Mr. Stanley refers in his letter to the Royal Colleges of Physicians and Surgeons, but no mention is made of the fact that every member of the medical profession must be registered, whether he be a Fellow of the College or not, before he can legally practise medicine.

As to organisation, disorganised we are as a profession, but we are not, as stated in the letter, suffering from a *total* lack of organisation. Beginnings have been made, some time ago, and it is not our fault that matters have not progressed more speedily. Still, the National Council of Trained Nurses alone represents a very large number of certificated nurses banded together in self-governing societies or leagues.

There are many points in the proposed scheme which require to be made clear before we can unite with its promoters. The most important is the election of the governing body. We are tired, beyond measure, of lay interference and mismanagement, and we want no nominated or self-elected body put in a position of supreme authority. The medical and other professions mentioned in Mr. Stanley's letter are governed by their own members, elected by the vote of the members concerned.

That is the principle behind the Bill for the State Registration of Nurses which has repeatedly

been introduced into the House of Commons and passed without a division by the House of Lords. Thus we desire government of the profession by an elected not a nominated body.

I think it is supremely unfortunate that the Nursing College Scheme should be launched from the Offices of the Joint War Committee—the Committee who have been largely responsible for the present state of affairs, who have magnified the work of the untrained, even at the cost of the trained workers, and whose untrained members are awarded a "Nursing Certificate" after a few lectures and trivial examinations. We wish to be free of social patronage and interference and to stand on our own feet as members of a highly skilled body of women workers. This does not prevent our suffering without protest this "dilution" of our labour by the introduction of probationers into the Military Hospitals during the present crisis. There is much work which can be done by untrained persons working under skilled supervision. It cannot, however, be too clearly understood that these probationers are not receiving training in nursing. They are war workers and to be treated with honour for the service they can do for their country, however humble that service may be, just as women munition workers or tram conductors. At the end of four years of such work as these probationers are doing they would be less trained and less experienced than a first year probationer in a Civil Hospital. There is not the necessary material for training, and there must be no opening of a back door to the Nursing Profession.

In the provinces, especially in the large industrial centres of the Midlands and North there is, I think, less interference with the trained workers, and more sympathy with their desire for organisation and self-government than is to be found among the Governors of London Hospitals. At any rate, although London may be regarded as the centre of everything desirable, provincial nurses would certainly not consent to be governed by a body elected by London Hospital Chairmen and Matrons, nor would the nurses of Scotland and Ireland.

Voluntary schemes have been tried and failed. Would this voluntary scheme impede or assist registration? It would impede it because there is no freedom of action under it for the Nursing Profession. Further, it is admittedly a makeshift, and a makeshift once accepted generally goes on.

Miss Musson concluded by reiterating the clause in the resolution, "This meeting emphatically supports the Bill for the State Registration of Trained Nurses, and desires to urge upon the Government and upon Parliament the pressing necessity which exists for passing such a Bill."

The Resolution was seconded by Miss M. Heather-Bigg, President of the Matrons' Council of Great Britain and Ireland, who said:

Madam President and Ladies,—Though I am not a public speaker, though I never in my life before addressed a public meeting, I cannot be silent this afternoon.

As President of the Matrons' Council of Great Britain and Ireland, I am impelled by the present crisis in the Nursing profession to protest against any Voluntary College of Nursing governed by a nominated committee. In the name of the Matrons' Council of Great Britain and Ireland, I emphatically demand the legal recognition of trained nurses by Act of Parliament.

The moment has arisen when we must leave the schoolroom of nursing. We admit we may have learnt in the past under the guidance of Chairmen or Governors of hospital, the need of the community for qualified and trained women to tend the sick. To-day we are of full age, and, like all adults, we have the right to demand self-government, to demand that the nurse training schools shall have a uniform curriculum of training. We demand that an independent College of Examination shall be established to furnish conclusive proof to the public that we have been through a recognised course of training, and that we possess the necessary knowledge to merit a Diploma of Proficiency, and to be registered as a "Trained Nurse."

Not only do we claim the legal recognition of our profession, we claim also the right to elect our own representatives on the General Council for the Registration of Nurses in the United Kingdom.

We resolutely refuse to have thrust upon us by the Committees of the hospitals we work in their idea of how much or how little of educational teaching shall be given to the probationers in these hospitals.

We want nurses to have the same advantages that medical students enjoy. Every hospital with a medical school has to give the student adequate instruction to qualify him to pass the examination entitling him to be registered as a medical practitioner.

The Lady Superintendents, Matrons, Sisters and trained nurses of many of our well recognised training schools for nurses, both in London and the Provinces, are clamouring for the same meed of justice for those women they are educating to become "trained nurses." We need now, more than ever, to offer vigorous opposition to the proposed scheme of a Voluntary College of Nursing, we refuse to content ourselves with any other recognition of our status than that of State Registration.

We must decline absolutely to have thrust upon us women who, although they have organised War Hospitals and tended the sick during this war period, are yet below the standard of training demanded of a really trained nurse. This standard calls for not less than three or four years of continuous work in the wards of a general hospital.

I therefore second the Resolution, and ask all present this afternoon to strengthen our hands by voting solidly for it.

The Chairman then said, "We have heard the views of two distinguished Matrons. I now call upon Miss Beatrice Kent, a trained and travelled nurse with great experience, to support the Resolution."

Miss Kent said:—

I conclude that all or most of those who are present here this afternoon are members of the State Registration Society. I also conclude that we nurses, when we joined that Society, by that act pledged ourselves to support it. To pay our yearly subscription of 1s. and have our names enrolled is merely the outward and visible sign of our membership. The inward and spiritual grace of it is that we enter into a solemn covenant with our consciences to support it. It was a voluntary act, no one pressed us to do it—we did it of our own free will. It is true we took no solemn oath about it, nevertheless, the moral compulsion of our consciences should be binding and impel us to co-operate with those who are working for this reform. This crisis is a grave one, it is no time for wobbling, it is no time for juggling with our consciences; we must throw ourselves whole-heartedly into this battle for the right. In order to do this we must have an intimate knowledge of the subject; we must therefore read and study the book of instruction, the directions for use, the Registration organ, *THE BRITISH JOURNAL OF NURSING*. When we buy any kind of drug from the chemist we are most careful to read the instructions, because it is a remedial medicine. State Registration is the only remedial medicine for the nursing profession, which is very sick. You will never learn if we understand much about this great reform movement unless you study it in this way.

I think at this time of crisis it behoves us to put to ourselves two or three direct questions and see if we cannot answer them satisfactorily.

1. Is State Registration—which is a time-honoured movement and therefore merits some measure of homage—is it right, or is it wrong? We all know that the spirit of freedom is the right spirit. We boast of our free country, our free institutions, our right to free speech, the free press. [At the mention of a free press there was an audible titter.—Ed.] It sounds very nice and looks well on paper, but, unfortunately, it is not true. Partial freedom is not freedom, it only emphasises an injustice. However, assuming for the moment that we are, as a nation, sincere, then it follows that we avow automatically—as it were—that State Registration is right, because it stands for the freedom of the profession, and in no other way can it become a free institution—so that question is answered.

2. Is State Registration acceptable to the Professions of Medicine and Nursing? This question ought not to be necessary; a truthful answer to the first covers everything. You have just heard ample proof that it is. We are governed by figures, so let me give you a figure as an additional proof of it. The self-governing Associations of Nurses in England, Scotland and Ireland are analogous in principle to Trades Unions, and we shall none of us deny the importance and the strength of Trade Unionism. These societies of nurses, together with medical societies demanding State Registration, represent something like

40,000 professional people, including more than 500 Matrons. So we answer that in the affirmative.

3. Is State Registration acceptable to the country? I am bold enough to say that we have had practical proof of that also, although the Bill has not yet had facilities for a Second Reading in the House of Commons. The three outstanding events in the history of the movement are enumerated in the first resolution. The Lords and Commons represent the people, and my argument is that if those gentlemen who have shown their sympathy and support in the past are sincere they will, as a matter of course, extend and amplify their practical sympathy by working for us when the Bill comes up for a second reading and get it passed into law.

Those three questions have answered themselves in the affirmative.

Let me for a few moments argue on precedent: that is always a safe thing to do.

I have quite recently spent six months on the American Continent, where I have made a study of nursing conditions. Primarily my purpose was to attend, with another British nurse, the great Nurses' Convention held at San Francisco last June—as Delegate of the National Council of Trained Nurses of Great Britain and Ireland. That event in itself and all that arose out of it was abundant proof of the great educational value of State Registration.

In the fewest possible words I will give you the history of State Registration in the States; we must know it because it is so remarkable and so instructive. Only fourteen years ago did they begin to work for State Registration. I believe the following year the first State got it—New Jersey. Since that time this blessed contagion has spread over the States—East, West and Central—like a forest fire! And now, in 42 States out of the 48, Registration laws are in force.

There has, of course, been some opposition, but the strength and virulence of it cannot be compared with that with which we have to contend. As far as I know, no battle has been longer than five years. Ours has been more than a quarter of a century! This Reform of State Registration for Nurses encircles the world and stops at England which gave it birth! So rapid has been the progress in the nursing profession in the States, since State Registration was established, that it has been raised to university status; and since the year 1907, there has been a Chair of Nursing and Health established at Teachers' College, Columbia University, New York. The occupant of that chair, whom I have the honour of knowing quite well, is Professor Adelaide Nutting, R.N., part author of that monumental work, "A History of Nursing." She has for her assistant, Professor Anna Goodrich, R.N., also a very eminent woman in the profession. Let me quote to you some words uttered by some eminent and experienced American Nurses at the Convention at San Francisco.

One of them says: "The most popular form of legislation pertaining to nurses has been that which provided for the State Registration of

Nurses by giving the title of Registered Nurse. State Registration of Graduate Nurses is one of the corner-stones of our profession, as it has elevated the standard of the education of the trained nurse by improving the instruction given in the training schools."

Another (Miss Anna Jammé, largely instrumental in getting the Bill through in California): "We all know what an education State Registration has been to us."

Another: "The ideal administration of a Nurse Registration Law will be a Board of Nurses. Nurses will alone give the time, thought and sympathy necessary to constructive work, and whatever the failings and shortcomings, we will meet the demand upon us. After all, why should others administer the law that only we have worked for?"

An opponent of ours has recently said that we need not go to America to learn what is best for nurses in this country. I emphatically denounce that narrow and prejudiced opinion. I can only say—and I speak with authority, for I have made a study of these things in America—that I have learnt much from our American cousins, and I told them so. I returned to England with a mind enriched, and feeling humbly thankful that I had had such a golden opportunity. The contrast between what I have seen and learnt in America, and the state of things in this country, is so sharp that it has saddened me and made me ashamed.

Now, my sisters, what is to prevent our getting this most urgent reform, our case being such a good one? Nothing at all but our own apathy and indifference. I say we, because I have been ignorant and apathetic myself in the past, but I have repented long since. For more than twenty-five years a body of women has been working strenuously and unremittingly to bring about this great reform.

I think we ought to frequently remind ourselves of this. Is it conceivable that we are going to allow this time-honoured work, with all the courage, devotion, splendour, energy, and purity of motive that lie behind it, to be swept aside like the crumbs off a dining-table for this ephemeral scheme of a day? Are we going to allow this great educational edifice, which is being built for posterity upon the corner-stones of aspirations and practical idealism, to be destroyed? Such iconoclasm to me would be inconceivable, and to you too, I am sure.

We have read the Stanley scheme, we have read the lines and between the lines, and we are not such fools that we cannot understand what it means. Its purpose is to subjugate, not enfranchise, the nursing profession. We will have none of it; we will fight it to the death. It is mean, because it is such a cowardly attack; it is tyrannical and interfering.

The most remarkable part of that Letter, perhaps, is the fifth paragraph, which shows such lack of logic. Mr. Stanley enumerates all those bodies of professional men (who, by the way, are State Registered) who organize the teaching and

examination of candidates, and goes on to show how we are to be a voluntary body and not State Registered. Our profession is worthy of a higher status and firmer basis than that. The fundamental principle of State Registration for Nurses is, as Mrs. Fenwick has said, "self-government"—the government of the profession by the profession under an authority appointed by the State.

It is our duty to vindicate our own belief in "the perfect law of liberty" which is being so cruelly perverted in the present day. Let us remember that "the spirit of liberty is never defeated, whether in chains or in laurels."

Again I say, this is no time for wobbling, we must meet the demands of our consciences sternly and unwaveringly as Registrationists. This is our day of opportunity and responsibility.

DISCUSSION.

The Resolution having been proposed and seconded, the President announced that it was now open for discussion, and that the views of members would be welcome, whether they were in favour of the Resolution or the reverse.

Miss J. C. CHILD, who is at present in this country as a member of the South African Military Nursing Service, endorsed the view expressed by Mrs. Holgate, of New Zealand, in her telegram, and said that to one trained in this country, and in the fight for registration at the beginning at home, and now working in South Africa, it was very disheartening to feel that while so many of the colonies, including those in South Africa, had obtained registration, the mother country, where it was initiated over a quarter of a century ago still remained behind, so that nurses coming to South Africa must now pass an examination before beginning to practise there, if they wished to rank as professional nurses. She hoped those who had proposed this scheme for a voluntary Nursing College would support the Bill for the State Registration of Nurses. They would not advance in any other way. If they wished to do trained nurses a good turn they would drop their scheme and help to get the Nurses' Registration Bill through Parliament.

MRS. LANCELOT ANDREWS heartily supported the Resolution. She thought the Letter showed very plainly the vagaries into which its promoters would be led if they endeavoured to carry out the scheme outlined. In one paragraph it was stated to be a voluntary scheme, but according to others the Council of the College was to form an examination board, grant a certificate of proficiency to nurses, and in addition to examining and giving qualifications to nurses, it was to take power to exercise similar functions in all branches of women's work connected with hospitals. She seemed to see the certificate of the College given to as many classes of workers as were incorporated in Lord Derby's scheme. It might be bestowed on all classes from the trained nurses

to the scrubbers. In conclusion, Mrs. Andrews said that any who spent their lives as she did going about one third of the Kingdom into various institutions where nurses were employed, would realize that there were not only the untrained to be considered, but also the appallingly chaotic condition amongst trained nurses themselves.

MISS E. C. BARTON, President of the Poor Law Infirmary Matrons' Association, said she had worked for years in support of the Registration movement. She believed nothing else would meet the needs of nurses or the public. She was glad that Mr. Stanley and his advisers were to meet the representatives of the Central Committee for the State Registration of Nurses, and exchange points of view.

MISS H. L. PEARSE, Superintendent of L.C.C. School Nurses, said she hoped great things of the Conference. She hoped all the promoters of Mr. Stanley's scheme would be converted to State Registration.

MISS M. BREAY, Hon. Secretary of the Society for the State Registration of Trained Nurses, thought the British Red Cross Society was a most unfortunate body to attempt to organise trained nurses. It had always shown itself most unsympathetic to them, and until the outbreak of the present War had never attempted to organise them for its own needs in any way. When war was declared it was the Territorial Hospitals, which were only intended to be mobilised in case of invasion, which had saved the problem of the care of the sick and wounded outside the regular naval and military hospitals from a debacle. The organisation of the nursing in those hospitals was in professional hands. Very little was heard of it, but she believed she was right in saying that within twenty-four hours of mobilisation every trained nurse was in her place.

The British Red Cross Society, on the other hand, had no Roll of trained nurses upon which to call. Did any of those present call at Devonshire House in August 1914? If so they had seen it besieged by nurses of all kinds, suitable and unsuitable, and a number of worried-looking ladies endeavouring to sift qualifications and take up references, of the value of which they knew nothing. It was not the time to take up references after war was declared.

Again, in the Balkan War a few years ago the trained nurses who wished to assist the sick and wounded there, who applied on the outbreak of war to be sent out through the British Red Cross, were refused. A certain number did find their way out, but no thanks to the good offices of our Red Cross Society. She had seen two nurses off at that time, and they were wearing not the Red Cross but the Red Crescent.

In the present War the British Red Cross Society had been compelled to utilise the services of trained nurses, but she did not think that any of them were particularly satisfied with the conditions under which they worked, or that

the Society had shown so much capacity in managing its internal nursing affairs that it could with confidence be entrusted with the organisation of the profession at large. That should be in professional hands, not in those of people who no doubt wished nurses well but did not understand their needs.

The Resolution was then put to the meeting and carried unanimously, the most careful and rigid scrutiny failing to discover a hand raised in opposition to it.

POWER TO OPPOSE.

The next Resolution was moved by Miss E. Pell-Smith, Vice-President of the Leicester Infirmary Nurses' League.

RESOLUTION II.

That should the Memorandum and Articles of Association of the Nursing College Scheme when drafted be found inimical to the best interests of the whole Nursing Profession, the National Council of Trained Nurses of Great Britain and Ireland be directed to oppose its incorporation, without the word "Limited," by the Board of Trade.

In moving the Resolution, Miss Pell Smith said:

In spite of the splendid work done by Mrs. Fenwick and others in connection with the Registration Cause there is still shameful ignorance in the provinces in regard to it, and the nurses needed protection. I have therefore much pleasure in proposing the Resolution.

MRS. PORTER, past President of the Irish Nurses' Association, who seconded the Resolution, said: It seems to me that this Nursing College scheme is one full of danger to the interests of trained nurses, the majority of whom are at the moment unable to give voice to their opinions, being scattered in different parts of the world; and those who are left at home are so fully occupied in tending the sick and wounded that they have little or no time to give to attend to their own interests. I ask you, is it just, is it right, that the promoters of this scheme should choose this time to legislate for nurses? What advantage would be gained by nurses through this College? Would its certificate give any higher status than the certificate of any recognised hospital?

A word regarding the Irish Nurses' Association: the President has already read to you the very strong resolution which was passed at the last meeting of the Association on Saturday, 5th inst., which so strongly supports registration and shows the disapproval of the Irish Nurses of Mr. Stanley's scheme. I have worked very intimately with the Irish Nurses' Association, and you can take it from me that the members of the Association are almost unanimous in their support of State Registration as being the only form of protection which they will accept.

The Irish nurses are a very intelligent body of women, and recognise this scheme as a dangerous one. We hope the promoters will come round and support the Bill for State Registration, but we realise that we may have to fight them, and this Council should therefore be prepared at all points to do so if necessary. I have much pleasure in seconding the Resolution.

The Chairman remarked "We must be conciliatory, but we must be firm, and resist injustice."

The Resolution was carried unanimously.

PUBLICITY ADVISABLE.

The Chairman then said:—"In the place of our dear old and honoured friend, Miss Christina Forrest, who has been a keen supporter of the Registration movement for so many years, we have with us to-day Miss Amy B. Curtis, President of the Victoria and Bournemouth Nurses' League. It is the first time she has been among us in this capacity, and we welcome her in the name of the Council."

Miss Curtis then moved:—

RESOLUTION III.

That a copy of the foregoing Resolutions be forwarded to every Member of Parliament, to the Chairman and Members of the Joint War Committee, and to the Chairmen of Committees of recognised Nurse Training Schools.

The Resolution was seconded by Miss Henrietta J. Hawkins, Member of the Executive Committee of the Society for the State Registration of Trained Nurses, who said: "I second the resolution with great willingness and pleasure, and sincerely hope that those who receive a copy of the Resolutions will carefully consider them. If we are to win through, it will only be through dogged perseverance. As a body we should be ashamed that we have in the past let the burden of the work for Registration rest on so few shoulders. But now we must each do our bit. I do hope we shall answer that classic question "Are we downhearted?" with such an emphatic "No!" that we shall demonstrate that we mean to win, and win soon."

This Resolution was also carried unanimously. Indeed, the spirit of solidarity on fundamental principles evinced throughout the meeting was remarkable. After a vote of thanks to the Chair, proposed by Miss Wortabet, who also presented Mrs. Fenwick with some lovely tulips, the meeting terminated with mutual congratulations and in a very hopeful spirit.

IN SUPPORT OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations:—Mrs. G. F. Wates, 10s. 6d.; Miss Villiers, 10s.; Anon (per Miss Cutler) 10s.; Miss M. Burr, 5s.; Miss E. Thompson, 5s.; Mrs. Hambleton, 5s.; Mrs. B. I. Craske, 1s. 6d.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

- Brooklands, Weybridge.*—Miss M. Leneghan.
Woodbastwick Hall, Norwich.—Miss J. O'Riordan.
Reston Red Cross Hospital, New Malden.—Miss E. L. Smith.
Red Cross Hospital, Priory Schools, Taunton.—Miss F. Morry.
Beckett Hospital, Barnsley.—Miss L. E. Gorman.
County of London War Hospital, Epsom.—Miss M. Mendels, Miss J. Mendels.
West Dene Hospital, St. Leonards-on-Sea.—Miss M. Whillier.
Siwillington House, Leeds.—Miss M. Wright.
Newton Morrell Auxiliary Hospital, Barton, Yorks.—Miss F. Sowerby.
Gifford House, Rochampton.—Miss D. R. Gilbee.
V.A.D. Hospital, Rushall, Tonbridge.—Miss E. M. Murray.
Newton Red Cross Hospital, Stourminster, Marshall, Wimborne.—Miss E. A. Rattray.
Wicklow Lodge Hospital, Melton Mowbray.—Miss F. Crawshaw.
Red Cross Hospital, Netley.—Miss J. Lowry.
Swanton Hospital, Melton Constable.—Miss I. Smith.
Studley Court, Stourbridge.—Miss C. Brunelle.
V.A.D. Hospital, Town Hall, Torquay.—Miss O. S. Tucker.
High Rough Hospital, Haslemere.—Miss P. M. Palmer.
Beechcroft Military Hospital, Woking.—Miss B. Collins, Miss F. R. Dawson.
Broadwater Hospital, Ipswich.—Miss M. J. Horan.
Kingsclere Hospital, Newbury.—Miss C. C. Wray.
Newnham Paddocks, Red Cross Hospital, Rugby.—Miss A. Cawley.
Broom House, West Horsley.—Miss K. Jones Bennett.
V.A.D. Hospital, Stormont, Hackney.—Mrs. G. Leah.
Northwood V.A.D. Hospital, Middlesex.—Miss M. Stephens, Mrs. L. E. Dunster.
Garswood Hall Hospital, Newton-le-Willows, Lancs.—Mrs. M. J. McNulty.
Red Cross Hospital, Alford, Lincs.—Miss F. H. A. Dunne.
Dane John Hospital, Canterbury.—Miss E. A. Peckham, Miss M. F. James.
Uplands Private Military Hospital, Winchester.—Miss R. A. James.
Red Cross Hospital, Gloucester.—Miss E. Smith.
Red Cross Hospital, Alnwick, Northumberland.—Mrs. E. E. Penn.

ABROAD.

Sister I. Jennings and Sister S. E. Hansen have left for the Duchess of Sutherland's Hospital, Calais; Sister Ada Sim, for Boulogne; and Sister M. A. Jobson for Lady Dudley's Hospital at Mentone.

FRENCH FLAG NURSING CORPS.

It seems incredible that nearly a year should have flown by since a Sister wrote from Talence: "Spring will soon be with us here; these woods will then be all shimmering with tender green leaves, and sweet with wild flowers. Our 'house' is in a wood; just as things are in order, the

appreciation—the French soldier when sick "is the pick of the basket!"

Another Sister writes:—"I have honestly tried to do my best—to make a mark for the French Flag Nursing Corps. I have given my mind entirely to the work and nothing outside it. And my friends have been most generous and I have been able to help scores of men who have come from the trenches with their clothes rotten with dirt. Also all my *infirmiers* I help with small comforts and it is a great help as they all know when they need a new shirt or socks, or a towel they can have them for the asking and many other things for their needs besides. The work in my pavilion is tremendous. The wounded come as you know, straight from the trenches, and almost as soon as I have got them clean, they are transferred to other pavilions, they seldom stay more than 24 hours, but in that time much has to be done for them; then a rush to clean up the beds—and very often before I am ready up comes our ambulance with another load—and twice a week we evacuate—and as they all come back to evacuate through my pavilion, I see

them come and see them go. All their clothes are cleaned, disinfected, and repaired, and every man, except the stretcher cases, passes the douche again. Then the bundles are given out, and when they are all dressed and the ward cleared up, they have an exceedingly good meal and have time for a smoke. Then at 1.30 our British Ambulances arrive and take them off again."



SISTERS IN THEIR CORRIDOR, TALENCE.

War may end—then all will disappear like a dream." Alas! a year has gone by and the "house in the wood" will see another Spring. Our little pictures show the Sisters in their Corridor.

A Sister writes from France:—"I, for one, greatly value the intelligent appreciation expressed to Miss Ellison by the Princesse Dennin d'Alsace, about our Sisters at Neufchâteau, because she has looked beneath the surface. It is so easy to dress up in becoming white uniform and flit about after the medical staff and help dress wounds in the *Salle de Pansements*, or wait on them in the theatre, but the Princesse has noted other things—she has realised that this is after all only the cream of the work, and that technical skill, discipline, and indefatigable devotion are required to effect good nursing, that is to do all the hard work and save these stricken ones dangerously ill; she lays stress on *intelligent* care. In this ambulance we also have met with men



PREPARING FOR TEA, TALENCE.

NURSING AND THE WAR.

The arrival in this country of nineteen members of the First Scottish Unit to be sent to Serbia, and thirty of the Second: Scottish Women's Hospital Unit, in charge of Dr. Alice Hutchison, who were interned as common military prisoners of War at Kevavara, in Hungary, demonstrates the spirit of British women in adversity.

Our illustration shows Dr. Hutchison, who effectively guarded the Union Jack by wearing it as a petticoat when all the effects of the unit were taken—a lesson in patriotism and resourcefulness of which her compatriots may well be proud.

The unit fell into the hands of the Austrians on November 10th, at Vranjashka, after the withdrawal of the Serbians. The Austrian Commander proposed to hand them over to the Germans, but Dr. Hutchison objected. Eventually, they were interned as ordinary prisoners at Kevavara, given only straw to sleep upon, and no beds or bedding. Their fare consisted of black coffee morning and evening, half a loaf of black bread at noon, and watery soup in a bucket. The cubic space of their sleeping room for twenty-two women was equivalent to that of a workroom for nine people under the British factory laws.

Mrs. Alec. Tweedie, in spite of her own grief for the loss of a dear young son at the front, is still interesting herself in her Hut Scheme, which has grown apace. She has received various contributions from nurses, and now suggests that if nurses in hospitals and institutions will each subscribe 1d. and send her the result to 30, York Terrace, Harley Street, W. (cheques crossed London County and Westminster Bank, marked

"Nurses' Fund"), she thinks it would be a very good idea when sufficient money has been collected to put up a Hut for our fighting men and call it "The Nurse."

So many more Huts are still required that it would be possible to name some after particular towns, fallen soldiers, or groups of workers like the Farmers, the Navy, the Nurses, the Boilermakers, or the Leather Workers.

A painful incident in one of the many ambulance hospitals of Paris (related by the Lady Correspondent of the *Evening Standard*), had its sequel in the Council of War, which sentenced to twelve months' imprisonment a soldier employed in one of these institutions. He had struck a nurse whom he disliked, hurting her considerably and the punishment was not perhaps too severe. I happened (says this correspondent), to be in the place a month ago, just as he was giving his version of his act to his superior officer, and by a coincidence I was there again this morning when the news of the sentence reached the staff. Of course, there was something to be said—not for the aggression, but for the aggressor. This particular hospital is being run largely on the amateur principle, its matron is a volunteer amateur, and several of her nurses, both French and English, by the way, are of the same unqualified category. So discipline is probably somewhat lax, and these women, zealous, amiable, and hard-



DR. ALICE HUTCHISON
WEARING THE UNION JACK.

working, have their little feuds, their private affinities and animosities, which are with difficulty hidden in the close, enforced intercourse of a year or more in the same wards. One of these nurses has a sad story. She is a native of Bethune, which is now in the German occupation, and

though she escaped, her family are still there, entirely cut off from her. She bears an aristocratic name, that has a semi-English, semi-German origin; and for some reason or reasons, mostly vague, she is looked upon with suspicion by her fellows. The idea has got about that she is in some way in collusion with the enemy, and when once the word "spy" has been mentioned, or even hinted at, in connection with a woman who is by the force of circumstances entirely cut off from her past, her case is a sad one, and her defence difficult. The girl is, consequently, very unpopular, and the soldier who attacked her was one of her bitterest foes. Hence the incident.

The War has lasted long enough, the writer of the article continues, to lay bare the weak places in a volunteer system wherever applied. The volunteer-amateur in hospital work has had her day in France, and she is going to be eliminated from the wards. She has been on trial, and is being judged by her works. Quietly and unostentatiously, the reform is to be effected. All ambulance hospitals are being taken over by the military authorities, and only fully qualified women will be employed in future. Cases have been drafted out of some of these establishments and placed in the biggest, and, perhaps, best organised of the auxiliaries of the Val-de-Grace, and there, on examination, they have been found to be in a highly unsatisfactory condition. Negligence on the part of dressers, and ignorance or indifference on the part of those responsible for their feelings, have been revealed too clearly to be allowed to pass, and hence the necessity for immediate and wide-reaching reform was obvious.

The Committee of the French Flag Nursing Corps is to be congratulated on the demonstration given by the thoroughly trained and disciplined members of the Corps working in French Military Hospitals of the value of the work of trained nurses, not only in their skilled care of the sick, but in the maintenance of discipline in the wards, which appears so easy a thing to the uninitiated, but is really the result of training as well as natural aptitude. The standard of the Corps throughout has been consistently upheld, the minimum qualification being a certificate of three years' general training, with the result that the value of skilled nursing care is appreciated throughout the military hospitals of France both by the authorities and the patients.

Dr. Helen Hanson, lecturing at the Women's Institute, Victoria Street, stated that the Serbians had decided to erect a beautiful mausoleum over the remains of the British nurses who had given up their lives to Serbia. The design was well advanced when the Austrian and Bulgarian invasion came.

La Roumanie, a newspaper published in Bucharest in the French language, has raised 2,000 frs. for a monument in memory of Nurse Cavell.

THE CARE OF THE WOUNDED.

The Lord Mayor (Sir Charles Wakefield), opening the new recreation hut at the 1st London General Hospital, Camberwell, expressed his pleasure at seeing so many men in khaki present. He had, he said, many young friends with the army in France, the Dardanelles and elsewhere, and out of 100 of the letters that he received from them, 75 were written on Y.M.C.A. letter paper. Only a few days before a man writing to him had said: "If you have the opportunity, do say something in praise of the Y.M.C.A. huts. They not only contribute to our comfort and pleasure, but they keep us all together."

The Lord Mayor referred to the bodies of noble women who are consecrating their lives to making those of others a little brighter, and said, "God bless the work of women." He concluded: "I have great pleasure in declaring this hut open. May God's richest blessing rest upon the undertaking."

We have received from Lady Grogan a list of the personnel of the Serbian Relief Fund Unit for Corfu:—

Administrator.—Mr. Edward P. Warren.

Doctors.—Dr. Mildred Staley, Dr. Lina Potter, Dr. Gertrude Maclaren.

Matron.—Miss Mozley.

Secretary.—Miss MacGlade.

Nursing Sisters.—Miss M. Cockrill, Miss L. Gerard, Miss J. Kennedy, Miss C. A. Morris, Miss D. Newhall, Miss E. B. Newman, Miss M. Stephenson, Miss R. Stone, Miss E. Wren, Miss H. Willis.

The unit also includes an interpreter, a cook, and six orderlies.

Mr. Edward Prioleau Warren is brother of the President of Magdalen College, Oxford; he is a well-known architect who has had considerable experience in hospital construction and he has worked for several months as gentleman orderly in a hospital in France. He is a good French scholar.

Dr. Staley has had great experience of plague, dysentery, and other tropical diseases in India and the Malay States.

Dr. Potter has worked lately at the Greenwich Union Infirmary.

Dr. Maclaren has been in Serbia with Mrs. Stobart's Unit.

Miss Mozley was matron of the 1st British Farmers' Hospital (Serbian Relief Fund Unit) in Serbia in 1915.

Several of the nurses and orderlies now going out have been in Serbia before.

An advance party of the Unit left on Monday the 14th and the rest will shortly follow with the equipment.

We are rejoiced to gather from a letter from Mr. C. Arthur Pearson, reviewing the results of a

year's work at St. Dunstan's, Regent's Park, the Hostel for Blinded Soldiers and Sailors, that it has been a great success. He writes:—

"Just a year ago the Blinded Soldiers' and Sailors' Care Committee started to look after the men who have lost their sight in the War. We naturally looked for happy and useful results, but we scarcely dared to hope for so abundant a measure of success as has been attained. Men have learnt the difficult art of reading with the finger-tips in a fortnight. Men who have never seen a typewriter, and never will see one, have learnt to use it accurately and at a fair rate of speed in the same incredibly short space of time. Men have gone out into the world after a few months' tuition able to run a little poultry farm; others are building up nice little businesses as cobblers and earning amounts equal to their weekly pensions.

"The work of devising a scheme of after-care for the men who are settled at their various occupations is proceeding satisfactorily. Arrangements have to be made for supervising their work, for providing their raw material, for marketing their goods, and for securing a continuity of well-paid employment for those who have been trained in such occupations as massage and boot-repairing. A large permanent fund will be needed if this work, which has been entrusted to a special department of the National Institute for the Blind, is to prove permanently useful."

In support of this wonderful work in so deserving a cause, everyone who can still see the loveliness of day should spare some little coin—even if they deny themselves something they think they need.

Mrs. Mabel Chapman, 18, Deansgate, Manchester, Hon. Secretary of the Manchester and District Federation Field Hospital, draws attention in the press to alterations which have become necessary in the plans of the Committee entrusted with the organisation of the Manchester and District Federation Hospital for Foreign Service.

The original intention was to provide a field hospital for Serbia, but owing to the calamitous termination of the recent campaign in that country, after heroic resistance by the Serbian army, the present pressing need is to provide adequate hospital accommodation for the Serbian refugees. For this purpose Dr. Mary Blair who, with a party of nurses was waiting at Salonika to proceed to Serbia, has now gone to Corsica, where many thousands of Serbian refugees have been sent. There she has arranged to open a hospital with initial accommodation for forty beds, to which further beds can be added by the provision of tents in the adjoining ground. Medical assistance is now being given to the civilian refugees (men, women, and children) many of whom are suffering from wounds inflicted by Bulgarian soldiers. Dr. Blair has been asked by the authorities in Corsica to be the chief medical officer for all the Serbians in the island.

In view of the new need, the Manchester and

District Committee has recommended that the funds and goods in hand now, and those to be collected, be given to the hospital at Ajaccio for sick or wounded refugees, with a military wing to be established when possible, the hospital to be called the Manchester and District Federation Unit.

THE LISCARD CASE.

At the inquiry held by the Committee of the Victoria Central Hospital, Liscard, into the circumstances of the case of a woman refused admission to the hospital (which we related last week), the following letter was received from the resident House Surgeon concerned:—

"GENTLEMEN,—I think we are all sensible of the aspersions cast upon this hospital in connection with the inquest held the other day. I feel it very deeply myself, and would like to express to you my sorrow that the matter should have arisen at all, which it would not have done had I seen the case. . . . I cannot but recognise that my negligence was the means of placing an experienced and careful member of the staff, namely, Sister Nooney, in a very unpleasant position, and I take this opportunity of saying how much I regret that it should have occurred."

APPOINTMENTS.

MATRON.

General Hospital, Northampton.—Miss Lillie Atkinson has been appointed Matron. She was trained at the Cumberland Infirmary, Carlisle, and has held the position of Theatre Sister, Ward Sister, and Assistant Matron at the Cumberland Infirmary. In 1911 she was appointed Home Sister at the Royal Infirmary, Liverpool, and in 1913 Assistant Matron in the same institution.

Cameron Hospital, West Hartlepool.—Miss Dudley has been appointed Matron. She was trained at the Royal Infirmary, Liverpool, and has held the position of Matron of the Loughborough Hospital.

NURSE-MATRON.

Isolation Hospital, Hoyland Moor, near Peniston.—Miss Lydia Ethel Andrews has been appointed Nurse Matron. She was trained at the Birmingham Infirmary, and has held the position of Sister at the Leeds Union Infirmary, and of Nurse Matron at the hospital of the Cheadle R.D.C. for seven-and-a-half years.

MASSAGE SISTER.

The Infirmary, Isleworth.—Miss Ruby M. Reynolds has been appointed Massage Sister. She was trained at the Royal Gwent Hospital, Newport, Mon., and has been Acting Theatre Sister in the same institution.

CHARGE NURSE.

Blackburn Union Infirmary.—Miss Kathleen Quinn has been appointed Charge Nurse. She was trained at Townley's Hospital, Bolton.

MEDICAL SUPERINTENDENT.

Dr. E. W. Goodall, Medical Superintendent of the Eastern Hospital, Homerton, under the Metropolitan Asylums Board, has been appointed Medical Superintendent of the North Western Hospital, Lawn Road, Hampstead, in the Asylums Board Service, in succession to Dr. McCombie, who is retiring next month.

Dr. Goodall is well known to nurses through the interest he takes in their professional organisation as Hon. Medical Secretary of the Central Committee for the State Registration of Nurses, and a large circle of his friends in the nursing world, as well as those with whom he is more closely associated under the Metropolitan Asylums Board will wish him success and happiness in his new sphere of work.

QUEEN VICTORIA JUBILEE INSTITUTE.**TRANSFEREES AND APPOINTMENTS.**

Miss Mary Crosse is appointed to Bromley; Miss Mary A. Yeats, to Sunderland; Miss Florence Scott, to Biddulph.

RESIGNATION.

Miss Laura Baker, the capable Sister-in-Charge of the Howard de Walden Nurses' Home and Club, Langham Street, W., has resigned this position, to the general regret of the members. With Miss Emily Cawte she will receive paying guests at 114, Marine Parade, Brighton (right on the front), and no doubt many of her wide circle of friends in the nursing world will find their way there.

NATIONAL UNION OF TRAINED NURSES.

On Friday evening, February 11th, an interesting lecture on Heredity was given to the Richmond Branch of the N.U.T.N. at the Royal Military Hospital by Captain Marett Tims, R.A.M.C.

Captain Tims began by explaining the theories of Mendel, one of the early students of heredity, showing by illustrations from plant and animal life how types were reproduced with mathematical regularity.

In the higher forms of life tendencies also recur, physical peculiarities and remarkable brain power reappearing in successive generations. On the other hand, feeble-minded parents are responsible for criminals, drunkards, lunatics, and all kinds of decadents.

Charts were shown of the career of some of these latter subjects, showing the enormous number of officials and institutions which have to be maintained to watch over and protect the public from these irresponsible and dangerous persons. It is therefore of the utmost importance to the State that the feeble-minded should be segregated in farm colonies to live out their lives in comparative comfort but harmless to their fellow creatures, and should not be allowed to leave behind them progeny of the undesirable type outnumbering the worthy classes of the community.

After the War the problem will become even more acute, and it behoves us more than ever to secure that the unfit shall not be the future parents of our race.

NURSING ECHOES.

Miss Sophy J. Wood, whose portrait is published on page 168, is one of the newly elected members of the Matrons' Council, and is County Nursing Superintendent for Somerset under the Queen Victoria Jubilee Institute, as well as Inspector of Midwives. Miss Wood was trained at the Royal Berkshire Hospital, Reading, and received her training as a Queen's Nurse in connection with the Kensington District Nursing Association, and in midwifery at the Victoria Home, Cheltenham. She has held various posts under the Q.V.J.I., and in January, 1913, was appointed to her present position. At the beginning of the present year she was appointed Supervisor of Infant Visitors (including Health Visitors) under the County Council for Somerset. She is also a lecturer and examiner for the British Red Cross Society.

Major McAdam Eccles had some very interesting things to say in his Lecture to the Abernethian Society on "The Little Things of Medicine and Surgery." Speaking of "The Nurse," he said:—

"I can remember something of the earlier days of real nursing in this Hospital—a hospital which has been the pioneer in the progress of the education of the trained nurse. . . ."

The modern nurse is a member of a profession but little less important in the treatment of the sick than our own.

I wonder whether I shall carry the nursing staff with me if I say that the daily round of the life of a nurse is made up of 'little things,' often tedious to her, but of the greatest moment to her patient.

The ideal nurse is the one who, while she can be trusted in the big things of the sick room, can carry out the details properly and without fussing. Nothing worries a patient so much as a fussy and withal incompetent nurse. Of course, I have not met one of these for many a year, at or from St. Bartholomew's! Not so very long ago a short article appeared in one of our daily papers congratulating the recipient of the gold medal given by the Clothworkers' Company to the 'best' nurse at this Hospital. She had just completed the three years' training, and had—the paper said—emerged triumphant from examination tests.

Her remarks about this little matter were good. 'There is an art in arranging a tray. The food needs to be set out with care and with regard to the patient's whims.'

I remember once seeing a tray quite well pre-

pared placed by a rather nervous nurse before a patient exactly in the reverse position to that which it should be. This irritated the querulous patient, and was the final straw which broke the camel's back, and led to the dismissal of the nurse."

Major McAdam Eccles said he owed much to a Sister—no longer in the hospital—who had taught him many practical details conducive to the comfort of the patient, and which the patient considered the doctor ought to know.

The managers of the Metropolitan Asylums Board, at the request of the Local Government Board, have agreed to take over the Cleveland Street Infirmary, which it is proposed shall in future be known as the Children's Infirmary, Cleveland Street. As, owing to the absence of facilities for any outdoor exercise, the institution is not suitable for advanced convalescent cases, but can only be used as a hospital, it is proposed that the cases to be admitted shall be (a) young children convalescent from various non-tubercular diseases who still require nursing. Many of these will be marasmus cases. Age limit for this group not to exceed seven years. (b) Chronic bed-ridden patients, of both sexes, up to the age of sixteen years.

It was reported at a recent meeting of the Billericay, Essex, Board of Guardians, that the nurses in the infirmary were up in arms against the decision of the Board to allow the Master's assistant to marry the charge nurse and have apartments in the building. The Master and Matron saw no reason against the plan, and the Chairman remarked that "he could see no just cause or impediment."

Incidentally, it would appear that the Master is not enjoying the situation. He reported to the Board that the nurses had not formally complained. They had ceased speaking to him, and called him a "rotter" behind his back.

He was helping to get the hymeneal bower ready, and the more progress was made with the rooms, the worse the nurses became. He was afraid it might have an effect upon the patients. A lady Guardian said the charge nurse felt the matter so keenly that she would rather not get married than cause so much trouble. It was said that if the marriage takes place, the other nurses will leave.

This, in our opinion, is just what she should do. It is certainly most undesirable that she should bring "her young man" into the building, and we warmly sympathise with the nurses, although of course we scorn the suggestion made by a facetious member of the

Board that "the nurses were jealous, and all wanted to marry the future bridegroom." Just imagine what pie for the "green-eyed monster"!

The Board decided to take no action, so we presume consent will be given to those members of the nursing staff who do not resign, to annex their "best boy," and demand that suitable apartments shall be prepared, so that they also may enjoy a spell of connubial felicity.

At a recent meeting of the Worcester Board of Guardians, Nurses Lightfoot and Hardwicke tendered their resignations on the ground that the work was far too heavy, and Nurse Hardwicke said further that there was not time to carry out the duties in a satisfactory manner. One member

of the Board suggested they had better run a paper of their own; it would not cost more than the everlasting advertising. Here is an opportunity for girls who desire to be of use in war time to prove their patriotism and gain experience by lending a hand to help the over-worked nurses.

At a meeting of the Birkenhead Guardians on February 1st the proposal to increase the salaries of thirteen nurses by £15 a year was



MISS SOPHY J. WOOD
MEMBER MATRONS' COUNCIL.
COUNTY SUPERINTENDENT FOR SOMERSET.

discussed. Mr. McMillan is of opinion that the action of the nurses, who were receiving £35 to £40 a year, "in demanding this increase at the present time, simply because the War Office were paying £50 for the nurses they engaged for the period of the war," was unpatriotic. He thought that if the nurses left because the increase was not granted, they should be replaced by voluntary nurses and probationers. A lady Guardian asked whether the economists would have opposed the increase if the recipients had been men, and pointed out that it was ridiculous to suppose the institution could be run by voluntary and probationer nurses. The amendment to defer the question was lost by a large majority, and the increase of salary granted.

Miss Mary A. Nutt, R.R.C., has been appointed President of the South African Trained Nurses' Association.

MEMORIAL TO MISS KATHARINE MONK.

We are glad to learn that a committee has been formed to raise a memorial to the late Sister Matron of King's College Hospital, Miss Katharine Monk, who served that hospital and the sick devotedly for twenty-one years as senior nursing officer.

Miss Monk became Sister Matron when the charge of the nursing of the hospital was relinquished by the St. John's Sisterhood. She was thus the founder of the Nursing School of King's College Hospital, and inspired its special characteristics.

She was known as one of the most able of the many able women who have been at the head of the nursing departments of the great London hospitals. She gave her time, her health, and her strength ungrudgingly to the service of King's College Hospital; and in particular she devoted all her special knowledge and experience to planning the new buildings at Denmark Hill. Her kindness and her capacity will be remembered by many generations of those who worked with her.

It is felt that there will be many who will be anxious to contribute to some memorial to her, which it is proposed should be erected in the Chapel, and if funds permit, to form an endowment in connection with the Nurses' Home or the Training School for Nurses. Everyone connected with the Hospital during the time that Miss Monk was Matron is asked to contribute, and donations may be sent to the Secretary, Monk Memorial Committee, King's College Hospital, Denmark Hill, S.E.

NEW YORK AND ITS BUILDERS.

Everything in New York is large and imposing. The greatest of suspension bridges links the boroughs together. Broadway is the longest street in the world (13 miles). It is claimed that the system of parks is the largest and costliest of any in America or Europe. The office buildings of the business quarters of the city, are—in their gigantic size—among the modern wonders of the world. Chief among these is the Woolworth Building, the greatest achievement in skyscrapers, (and, let me add, in ugliness too!) It rises 793 ft. in the air, and comprises 55 stories! Its dominance and aggressive size seem to suggest the commercial maxim—*business first*. The enormous amount of steel used in the construction of these mammoth edifices has the curious effect of altering the compasses of the ships in the harbour, dislocating their normal action in fact! The statue of Liberty, which is seen for miles out at sea, and serves the purpose of a lighthouse, is built on Bedloe's Island. The beautiful Greek figure of a woman personates Liberty. Mark, it is a woman who personates Liberty, and it is to women in most countries that that elemental right is denied! What an enigma. Symbolism is beautiful when it serves a beautiful and ennobling purpose, but is but a vain thing, if it does not foreshadow the truth that is behind. The figure holds aloft a flaming torch, an emblem of freedom and opportunity. It is lighted after the flash of the sunset gun. It is said that the French sculptor—Augusto Bartholdi—modelled the figure from his mother; she must have been a beautiful mother, and he a reverencing son.

The statue was given by the French, and bears the significant date—July 4th, 1776. It is the largest colossal figure in the world. In New York is also to be seen, it is said, the largest and most beautiful Custom House in the world. The façade of the Stock Exchange is classic in design and also a thing of architectural beauty. Then there is the Sub-Treasury, a branch of the Treasury at Washington. There it stands, looking like the Temple of Diana at Ephesus. In front is a bronze statue of Washington, on the spot where once stood the living man, when he took the oath at the first Congress, and not far away is St. Paul's Chapel, where he was accustomed to worship. And what is that great building of white marble, of the Renaissance style, looking so large and handsome and massive? It is the Chamber of Commerce, worthy of the great business for which it stands. In Maddison Avenue stands the great Metropolitan, modelled after the famous Campanile of St. Mark at Venice. Big Ben at Westminster cannot rival the mammoth clock of this tower, the largest four-dial clock in the world. All these things of beauty and mechanical greatness have been made by men; they are very imposing and impressive, and we pay the tribute of our admiration to the inventive genius, and to the architectural and engineering skill, of which they are the products.

But let us turn aside for a few moments from these objects of our admiration, to a less attractive quarter of the city, and see what women have been building. Let us visit them, and see how they work. Let us go *right in*. We can be sure of a welcome, because we have been invited to sup with them. The builders are all there, quite a number of them. They are a merry party; they joke and laugh about their experiences. At the head of the board sits the architect, a cheerful winsome woman, so alert and keen and interested. She has her tales to tell too; some boy, or girl, man or woman, young and old—whatever their needs and aspirations may be, she makes them her own. There is not a single silver thread running through her glossy black hair and yet her work of planning and directing the builders, has been long and strenuous. Twenty-three years ago she began, in company with another, her wonderful work of social structure. She has built "strong and sure with a firm and ample base." "The House on Henry Street" is a sky-scraper of equal magnitude. It can be seen marking the firmament far beyond the city of its birth. The architect's vision of a beautiful building includes, of necessity, a colour scheme both rich and harmonious.

She has transformed the grey and neutral tints in the lives of the young population into vivid warm and glowing colours. "Everyone should have a share in the world's treasures of imagination and poetry, and in return can contribute something to the interpretation of human experiences," says one of the builders, and the festivals and dramatic part of the *House* are the product of her belief. On the roof we saw a large group of children and young people; they were being awarded prizes after a demonstration of classic dancing; it is properly organized instruction, and a theme is faithfully followed, such as "The frolic of the Holidays," "Three impressions of Spring," "Miriam a Passover," "The Revolt of the Flowers," etc. And so the latent poetry in the natures of the little slum children of New York is being developed. In learning Art they are acquiring an appreciation of the beautiful which will inevitably enrich and ennoble their future lives, and preserve them from a taste for debasing and ignoble pleasures. To provide wholesome amusements for the young is an essential duty of the community. There is, alas, a great tendency to do the other thing; we may be quite certain that moral downfalls are frequently the direct results. And so the House which is never built but always being builded, "*strong and sure, with a firm and ample base*," looms large and beautiful on the spiritual horizon of New York and beyond.

In Room 109 of Teachers' College, Columbia University, sits another architect, working out problems of construction, planning foundations and instructing her builders. She builds for the education of those who nurse the Sick, and those who love the Sick love to watch her build; her

foundations are "well and truly laid." Nothing but the best material will she use, for she builds for posterity an indestructible edifice. These monuments built by women will stand, when those of brick and stone are gone.

BEATRICE KENT.

TO ALL BRAVE MEN.

They wind along in endless fours,
From every shire from Thames to Dee;
I know that uniformed in brown,
They all go East to fight for me.

More than a year has passed, and still
The air I breathe is fresh and free;
I know above, like tireless hawks,
Soar those who hold that air for me.

Where far away white horses leap,
Where sky and wave in one agree;
I know that there those fearless ride
Who curb these snowy steeds for me.

A sheeted and a shotted lead
Slides swiftly to the heaving sea,
I know the ocean holds in trust
Some sailor-man who watched for me.

Rough crosses rise in Flanders, France,
And climb each hill, and dot each lea;
I know they mark the nameless graves
Of those who countered death for me.

But this I know not, when will fade
From Honour's Roll, and cease to be,
Those gallant gentlemen's renown,
Who watch, and fight, and die for me!

L. A. J. in the *Glasgow Herald*.

A CAKE SHOWER.

Cakes are terribly expensive in France just now, so we propose to have a "Cake Shower" on Wednesday, February 23rd, when we shall be at 431, Oxford Street, to receive the gifts from 2 to 4 p.m., so that they may be sent to headquarters in Paris for the "Sisters' Teas" now prepared in the office, and to which Sisters passing through Paris and the friends of the Corps are always welcome. Also if we get a good supply they will be sent to Sisters on duty further afield. A "shower" is an American custom, and enables anyone generously disposed to "shower" a given article, say, cake, soap, cigarettes, &c., upon the organisation requiring them. THE BRITISH JOURNAL OF NURSING will give a prize of 5s. for the most delicious looking cake. We shall hope for a goodly supply.

THE POINT OF VIEW.

Of the Commandant of a Voluntary Aid Detachment.—That the trained nurse is a necessary evil.
Of the Trained Nurse.—That the Commandant is an unnecessary evil.

BOOK OF THE WEEK.

"THE PASSIONATE CRIME."

Do you wish to be lifted above the ordinary and commonplace into the atmosphere of romance, superstition and poignant emotion. Then obtain, read—yes, and possess—"this tale of Faerie," by Mr. Thurston. You will forget utterly your surroundings, however monotonous or mechanical they may be, and you will lose yourself in the wild South land environment, with all its dark shadows, its alluring lights, and its intense humanity, lovable even in its lawlessness. You will feel that strange call for smiles and tears, so subtly blended that you know not which emotion is uppermost, till the last powerful chapters are told, and then you are left without a smile at all.

The secret that old Malachi knew "but he wouldn't tell if God asked him in a little voice, the way ye'd whisper a thing out of a little child," was the reason why the poet Anthony Sorel, who lived all by himself in the wildest Irish mountain land, put a knife through the heart of beautiful Anna Quartermaine who lived in the big house at Ballysartmore. A beautiful spoiled coquette she was. But old Malachi was induced by the potent whiskey to tell that story that he would have denied to all, and "he ushered in his tale in the wind swept cottage in the mountains, with the storm hissing in the thatch, and the rain drops spitting into the great fire."

Anthony was something of a mystic, and after experiences of his young manhood, he sought solitude with the Muse in order that the soul might gain ascendancy over the body. In the nature of such women as Anna Quartermaine, any denial of subjugation to her charms worked like an evil spell. That she was charming and fascinating, and before she met him innocent, is not denied. She consults with her old confessor as to her desire to win this man for herself. Said he: "A man of his kind would be doing well for himself if he went to the other ends of the earth than be meeting ye. Ye have the laws of nature in the bones of ye. Don't ye know that yourself? Isn't this young fellow after saying there is something of God in a man and shure it isn't that in him would be any good to nature at all. The world is no place for him." "You're only thinking for him—you don't think for me at all" said she.

"Faith, I've never met anyone who can do their own thinking better than ye can yeerself. Aren't ye thinking now as hard as yeer brain'll let ye, the way ye can bring him back to ye: I'd trust ye for that," said he. "That young fella has chosen a path no woman has ever let a man walk in yet." His words proved true. Anthony idealised Anna, and strove to keep his love for her the mystic exalted passion he would fain have had it be.

* By E. Temple Thurston. Chapman & Hall.

"It was one night when the moonlight lay wide and white across the hills, that Anthony Sorel could see the figure of a peasant woman as she passed away to the moors. Her head was covered with a shawl, as they wear it everywhere in the South. Her feet were bare." The sound of strange singing had ere this reached his ear, and a face, like the face of Anna Quartermaine, had peered in at the window. This had happened just at one of the moments of his highest exaltation, when he had said to old Malachi: "I won't come down from the mountain till I can stand before God and swear I am the master of myself." He follows her out into the darkness, and a powerful description is given of his conversation with the woman, whom he holds to be of the faeries, and who had stolen the form of Anna to tempt him.

"Get back into the night," he cried aloud. "Take your eyes away from me, and your lips that smile, and the songs that you sing. It's not in one hour that I'll go back to the man that I was."

Again she visits him in his lonely cottage, and the pitifulness of it was, that in addition to his struggle against the abandonment of his ideals, was his longing to be worthy of his love for Anna. This faerie woman pressed him hardly with her wiles, and he succumbed. "The faeries had indeed put the stroke of their hand upon him. One hope only he clung to, that in the valley lived the woman of his ideals, with the strength of whose inspirations he might yet cast away the spell of these emotions that had fallen upon him." While the faerie woman slept, he unbound the kerchief around her head, thinking to dispel the haunting likeness.

"He stared and stared again. It was Anna Quartermaine, and all the ideal he had clung to was broken in a thousand pieces at his feet. She quivered as the knife quivered in her breast."

II. H.

COMING EVENTS.

February 17th.—Central Midwives' Board: Penal Board, 11 a.m.; Monthly Meeting, 3.30 p.m. Caxton House, S.W.

February 18th.—Central Midwives' Board: Penal Board. 11 a.m.

February 24th.—The Society State Registration of Trained Nurses, Meeting Executive Committee, 431, Oxford Street, London, W. 4 p.m.

WORD FOR THE WEEK.

He liveth long, who liveth well,
All else is being flung away,
He liveth longest who can tell
Of fine things truly done each day.

Upon the mountain top I stood,
And all the land beneath me lay;
I saw that earth was very good,
But Heaven seemed just as far away.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES FOR ZANZIBAR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, Bishop Weston cables to us from Zanzibar:—

"Appeal for nurses publicly, remembering possible wounded."

This means that he requires two certificated nurses to go at once to Zanzibar, and to be prepared for the additional probable work entailed by the town becoming a base for the reception of men wounded in the German East African campaign. The "conditions" under which the services of nurses can be accepted by the Bishop will be supplied on application to the Secretary of the Mission at 9, Dartmouth Street, Westminster, who will also be prepared to answer questions personally.

Yours truly,

E. F. RUSSELL,
DUNCAN TRAVERS,
Commissaries.

9, Dartmouth Street, S.W.

PROFESSIONAL HOME RULE FOR IRISH NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Having read the article, "Home Rule for Irish Nurses," in this week's JOURNAL, I should like, as a member of the Irish Nurses' Association, to protest against the assertion that members who do not agree on all points with the policy of the majority should "cease to be members." We do not wish to exclude members because our opinions differ. Our association has other aims besides State Registration.

Personally, I am and always have been a strong advocate of State Registration, but will always uphold the right of individual members to express their opinions.

I am,

Yours faithfully,

ALICE REEVES.

Royal Victoria Eye
and Ear Hospital,
Dublin.

[Our correspondent has not read quite correctly our remarks last week on this point. What we wrote in relation to the policy of a trio of Matron members of the Irish Nurses' Association, trained at St. Thomas' Hospital, London, was as follows: "Now we find this little St. Thomas' group of Matrons in Dublin attempting to over-ride the considered official policy of the Irish Nurses' Association (on State Registration). Such a position is, in our opinion, totally indefensible, and

we advise Irish nurses to make it quite plain to this anti-registration minority that if they are not in favour of the avowed policy of the Association, they can either cease to be members, or they must bow to the conscientious convictions of the overwhelming majority." We still think this is sound advice where a fundamental principle of the constitution of any Association is concerned. The Irish Nurses' Association has stood unwaveringly for legal status for nurses since its inception, no one need join it who disapproves of the conscientious convictions which have inspired its members for years, and for which they have worked devotedly and paid heavily. We, for instance, should not join any Association which had repeatedly voted against the vital principle of State Registration of Nurses—that, of course, would be unthinkable; but those who do join Associations to the fundamental principles of which they cannot subscribe, have no right to oppose such principles *inside* an Association, and cause friction and ill-feeling. In the particular instance of the Irish Nurses' Association, it appears to us specially undesirable that Englishwomen appointed to high office in Irish hospitals should do so.—Ed.]

The Editor regrets that several letters are held over this week.

OUR PRIZE COMPETITIONS.

February 26th.—What are the more common causes of neurasthenia? Mention some of the more common symptoms.

March 4th.—Give directions for giving medicine so as to prevent accidents.

March 11th.—(a) What is intestinal colic? (b) What are the common causes? (c) What is the usual treatment?

March 18th.—Why has the Cocaine Habit such ruinous results to health?

March 25th.—What care should refrigerators receive? How would you preserve ice?

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Fridays, February 18th and 25th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage are additional advantages, also a knowledge of French.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

THE EARLY SYMPTOMS OF NERVOUS DISEASE IN CHILDREN.

The early symptoms of nervous disease in children was the subject of a lecture delivered by Dr. David Forsyth, F.R.C.P., at the Royal Society of Medicine, 1, Wimpole Street, on Monday, February 14th. The lecture was the fourth of the Advanced Course on Infant Care, given under the auspices of the National Association for the Prevention of Infant Mortality.

The lecturer said that of the psychical side of child life very little had been known till the last four or five years. It is now known that most cases of neurosis in adults are attributable to some kindred disturbance in childhood. When it was understood how the condition came about, it was far easier to cure. Such conditions were more easily cured in childhood, and obviously it was easier still to prevent them.

It was most important to detect the earlier symptoms, and to note when a child was developing off the normal lines. There was no sharp line of demarcation, as in all healthy children nervous symptoms would be present on occasions, but it was when they became accentuated or practically always present that the condition became serious.

The commonest symptoms were muscular movements. The child is unable to sit still, always fidgeting in some way or another, or the face, shoulders or arms would twitch, the child being quite unable to control the movement. Timidity was another symptom, and night terrors a common experience. A kindred symptom to this was somnambulism. Severe forms were epilepsy and asthma, palpitations, and irregular pulse.

Nervous children were often irritable and passionate, or were moody and depressed. They are generally affectionate, and often are of more than average intelligence. Later on shyness and self-consciousness were manifested. It often became a question as to whether these conditions were due to heredity or environment. It was most likely that they were acquired, and that the child of neurotic parents, though born sound, would succumb to the neurotic atmosphere in which it found itself. The key to the understanding of neurosis in children was the understanding of the emotional life. It must be remembered that the control of the emotions which the adult should possess must not be looked for in the child.

The emotions of love, jealousy, hatred and fear were the key to a great number of nervous conditions in children.

The child is born without affection, but will gradually come to associate its mother with all

pleasant things, consequently love of its mother is one of its strongest factors. Trouble may arise from the longing of a child to monopolise affection. Jealousy of one or another parent may be present and cause a mental conflict in the mind of the child who feels that this is wrong; or it may be jealousy of another child, especially is this liable in the case of a first-born towards the second child. The lecturer instanced the case of a little girl of two-and-a-half years in New York, who jammed the head of a one month's baby between the cot and the wall. The child never was brought to shew any sense of having done wrong, she was merely pleased to get rid of the interloper. Another detailed instance was given of a boy of six years old who was acutely jealous of the next child when it was born. After the death of the younger child, the circumstances of which were never explained to him—he merely missed her from the circle of the nursery—he became morbid and suspicious. It was found that he was connecting his jealous wishes that his sister might be removed with her disappearance, and conceived the notion that other people also were accusing him in their minds. The boy was brought as a patient to Dr. Forsyth, who elicited the cause of the trouble, the boy for the first time speaking to any person about what was to him the mystery of his sister's disappearance, though her death had taken place a year previously. The lecturer gave other interesting instances bearing on the subject.

Previous to the lecture the Secretary announced that Lady Barrett (*née* Willey) would give her interrupted lecture on March 17th. She also pleaded for the starving mothers and babies in Belgium.

SAVING THE BABIES.

"Good mothers are a nation's best assets," as Napoleon once said; and of all the institutions for turning out such mothers, the National League for Physical Education and Improvement, and its Department, the Association of Infant Welfare and Maternity Centres, have probably done the most active work of late. With a declining birth-rate and a rising infantile mortality rate, it is now even more necessary than before the war to secure that the babies who are born should be kept strong and well, and there is no doubt but that the rapidly increasing Infant Welfare and Maternity Centres are doing valuable work in this direction. The Association was instrumental during the first 16 months of the war in starting no fewer than 154 new Centres for the instruction of mothers and the medical inspection of babies, and many more are in process of formation all over the Kingdom. Much good was also effected

by the National Campaign to prevent the spread of epidemics by flies and insects, which was carried on last year. All who desire further information about saving our babies should write to 4, Tavistock Square for some of the useful publications on this subject issued by the League.

MOTHERCRAFT IN WHITECHAPEL.

An Exhibition of Mothercraft was on view during the foregoing week at the Whitechapel Art Gallery. Many interesting and instructive exhibits were shown. A distinctive feature of this particular exhibition was that it was held in the heart of the Ghetto, and in connection with the Jewish Mothers' and Babies' Welcome.

The thrift stall displayed many cunningly-contrived garments from old material.

A dietary for a child of eighteen months was demonstrated. The offspring of a single female fly for one month was shown, and, if nauseating, was convincing as to the need for destroying every fly where possible. There were diagrams and maxims posted up round the hall, showing mothers the way they should walk in. "Dirty teeth soon decay," "Clothes should be loose and warm," &c.

There were models of rooms desirable and undesirable, a model of a day nursery, and many cheap and efficient cots. It was demonstrated by means of medicine bottles and an ordinary enamel saucepan how to prepare an infant's feeds for the twenty-four hours.

"Virol" had a very attractive stall, and showed their new preparation, "Virolax," a mixture of Virol and petroleum. They presented to a favoured few a little plated model of a Virol jar mounted as a charm.

Mrs. Model, the energetic Hon. Secretary of the Jewish Maternity and District Nursing Society, who has done so much work for the Whitechapel mothers, gave a lecture whose subjects included the importance, and dangers of measles, and who impressed on the mothers that it was now possible to have the valuable trained help of the nurses of the District Nurses' Association for this ailment, whereas till recently they had not been allowed to attend these cases.

Viscountess Helmshley also gave a lecture on Day Nurseries and the various duties of mothers to their infants. She much deprecated the practice of mothers with young infants going out to work, but advised them, if they were compelled to do so, to leave their babies in a day nursery, where they had skilled attention and training.

An interesting feature connected with the Jewish Maternity and District Nursing Society is the Sick-room Helps, or as they are now officially termed, Home Helps.

The idea, which originally started with the above Society, has been elaborated by the Central Committee for the Employment of Women (Queen's Fund), who now train Home Helps to work in conjunction with, but under the direction of, nurses and midwives in the homes of the poor.

The women are of the working class, and their offices are confined strictly to domestic duties during the illness or confinement of the mother, such as cooking the dinner, washing the children, and sending them to school, &c. The home help is engaged by the day or half-day, according to need. She may also be engaged if the mother is away in hospital. This excellent organisation is financed by a Thrift Society, in a well-considered plan of contributory payments. In the Whitechapel Centre for one year the contributions amounted to over £1,200; there are over 6,000 contributors, and last year there were 1,800 calls on the Society. Each member contributes a penny weekly, and when expecting confinement has to make up the contribution to £1, which entitles her to two weeks' service from the Home Help. This very excellent scheme should be widely known and practised.

THE ROYAL MATERNITY CHARITY.

The Annual General Meeting of the Royal Maternity Charity of London, took place at the Charity's house, 31, Finsbury Square, London, E.C., on Wednesday, February 9th. Mr. C. J. Wilkinson-Pimbury, C.C., was again elected to the chair.

The business of electing the General Committee, etc., was accomplished, and the Secretary presented the Report. It was stated that 1,045 confinements had been attended by the midwives connected with the Charity, and that 1,066 children had been born, of whom 540 were boys and 526 girls. There had been 21 cases of twins and 36 still births. The cases requiring medical aid numbered 134. One maternal death occurred from puerperal eclampsia.

From some misunderstanding of the public on the subject of National Insurance, some subscriptions had ceased. It did not seem to be generally known that there were hundreds of women who derived no benefit from Insurance—such as street hawkers and those whose husbands were sick.

The number of patients had increased during the past year, and over 600 wives of soldiers had been attended after careful investigation.

Mrs. Probyn, the vice-chairman, in replying to the vote of thanks, said that it was a great pity they were unable to rouse people to their needs. It was so strange that they could not make themselves better known. It was perhaps owing to the fact that they had no building. They were only remembered when letters for their charity were required. The fact that over 600 soldiers' wives had been attended during the war ought to commend their Society to the public.

Tea was served at the conclusion of the meeting.

Next week we hope to publish the most interesting lecture by Dr. Eardley Holland, at the City of London Lying-in Hospital, on "Venereal Disease in Relation to Still Birth."

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EDITORIAL.

A NATIONAL DEBT OF HONOUR.

It is becoming increasingly evident that the strain of the work in Territorial Hospitals is having a serious and permanent effect upon the health of a certain percentage of the nursing staffs, and the question of some provision for those invalidated out of the Service demands attention. Such nurses are likely to become a permanent charge upon Insurance Societies from a cause which was certainly not contemplated when the Insurance Act was passed, and one which the funds of Approved Societies are not large enough to bear without injustice to other members. At the same time it is obvious that Disablement Benefit of 5s. a week, is utterly inadequate for the maintenance of a nurse in anything like decent circumstances, and the problem of her support therefore remains unsolved.

The claim on the nation of the disabled soldiers, in certain instances, is recognized by Parliament by the provision of a pension amounting to 25s. weekly, instead of Disablement Benefit, under the Insurance Act, and when a nurse suffers a complete breakdown in health, due to services rendered to her country, she is equally entitled to similar provision. The vote of credit for the expenses of the war granted and asked for amounts already to the huge sum of £1,420,000,000, and one of the first charges upon it should be adequate provision for the men and women broken in the war. It is a debt of honour which the nation will most willingly pay.

From cases which have come under our special notice we are of opinion that the question is an urgent one, and should be considered by the Advisory Council of the Territorial Force Nursing Service, whose duty it is to advise the Army Council on

matters affecting the Service, without delay. Military Nurses in the Regular Service if disabled are entitled to pensions, retired pay, or gratuities, and a charitable fund has been founded to help war nurses who are not members of that Service in sickness and necessity; but it was expressly stated, when this fund was founded, that Territorial Nurses would be outside its scope as they were otherwise provided for. We have, however, been unable to ascertain that any provision is made for them when invalidated out of the Service. So long as nurses remain members they no doubt receive every care in sickness, but the urgent question is what is to become of those, without means, who are incapacitated for further work, out of the Service, and it is one which should be settled forthwith by the provision of an adequate disablement allowance.

No observant person who attended the memorial service to Miss Edith Cavell in St. Paul's Cathedral, when a congregation of nurses filled the space under the great Dome could fail to note the exceeding weariness on the faces of many of the Military and Territorial nurses. They bore the visible impress of the strenuous year of work through which they had passed—exactingly in its demands on both their physical and emotional nature—and which they had discharged with an efficiency and devotion of a high order. It is impossible to conceive what would have been the additional suffering, incapacity, and loss of life amongst the sick and wounded of our army in the field without the devoted work of trained nurses.

We hope, therefore, that the War Office will deal justly with these nurses, and see to it that the reward of their patriotism and devotion is not a life of poverty for the remainder of their days, but that if incapacitated in the national service due provision is made for them.

OUR PRIZE COMPETITION.

WHAT ARE THE MORE COMMON CAUSES OF NEURASTHENIA? MENTION SOME OF THE MORE COMMON SYMPTOMS.

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Neurasthenia is a term commonly employed to denote an abnormal condition of nervous exhaustion, brought about by a prolonged or excessive mental and physical stress and strain, by which the *reserve* store of nervous energy, as well as the daily recruited supply necessary for ordinary needs, becomes so markedly depleted as to affect the working of the whole nervous system.

The more common causes are those relating to (a) health, including lack of nourishing food or improperly cooked and unassimilated food; personal habits and mental hygiene; lack of recreation. (b) Temperament, including general training as to emotional self-control; disposition to worry and anxiety; lack of mental balance; undue sensitiveness to outside impressions and influences. (c) Environment, including nature and condition of employment and surroundings; long hours, producing physical exhaustion, in combination with close mental application; aimless, monotonous, or too stimulating and exciting work; excessive use of drugs or stimulants when over-tired; financial worries; depressing surroundings; morbid companions; personal responsibility as regards safety, welfare, and happiness of family or others under one's care in difficult or untoward circumstances.

All the above are predisposing causes reacting one upon another, much depending on the health, temperament, and recuperative power of the individual.

Some causes are preventable, such as relate to wholesome habits of living, with intelligent regard to personal needs; other causes are unavoidable, such as conditions of duty and responsibility and circumstance involved.

The neurotic, highly strung, sensational patient, whose nervous balance is unstable at best, is often a difficult subject for treatment; on the other hand, some of the saddest and most serious cases, especially as regards women, are those unselfish, conscientious, self-contained subjects, who have struggled on against overwhelming conditions for a long period, till it is well-nigh impossible to recuperate their physical strength.

The more common symptoms are first in connection with the most highly developed nerve centre, a lack of sound judgment; irritability of temper and undue anxiety over trivial matters; depression of spirits and distaste for social intercourse, or a craving for diversion and excitement and unusual talkativeness.

The patient is unrefreshed from sleep, or sleep may be broken, intermittent, with bad dreams; sleeplessness or insomnia may occur as condition progresses; the patient may act on impulse instead of reason. The handwriting is often altered in character, showing a lack of control of the fine muscular powers; the motor nerve centres are over-stimulated and uncontrolled, the patient moving and working with undue haste in an unsettled manner, unable to sit composed or concentrate thought and action for a normal period of time. The sensory nerve centre may be affected; the patient unduly sensitive to light, noise, heat, and cold, and exhibits unreasonable predilections at one time which may be favourably regarded at another. Digestion is always impaired more or less, and the patient is very difficult to please as regards diet, and is apt to indulge in fads as regards this, with unwelcome results. Physiological functions are more or less deranged, and flushes of heat may be felt at intervals, and palpitations on slight exertion, which may greatly alarm the patient. In speaking the patient may appear incoherent, frequently and illogically changing from one subject to another. Any idiosyncrasies may become developed unduly, to the annoyance of others probably, but, in the case of the patient, there is a certain satisfaction that a duty is being justly performed.

Headache, vertigo, and eyestrain are frequent. Loss of weight is marked; sometimes the patient becomes rapidly reduced to an emaciated condition. Later a collapsed condition, with extreme inertia, may result, or the patient may become delirious and demented from loss of sleep.

Above are the common general symptoms manifested in neurasthenia, though the patient may also complain of a host of symptoms and sensations which are very difficult to locate in diagnosis.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. V. McNeillie, Miss E. A. Noblett, Miss E. O. Walford, Miss D. B. Vine, Miss V. R. Dawes, Miss F. Sheppard, Miss S. Simpson, Miss B. Macintyre.

QUESTION FOR NEXT WEEK.

Give directions for giving medicine so as to prevent accidents.

SYPHILIS IN RELATION TO DEAD-BIRTH AND INFANT MORTALITY.

By EARDLEY HOLLAND, M.D., F.R.C.S.

Syphilis, in women, presents a peculiarly sad aspect of the disease, for not only do they suffer themselves, but can transmit the disease to their unborn children; syphilis, thus transmitted, kills many infants before they are born, and those that survive birth either die in early infancy or grow up into diseased and degenerate members of the community. I know of no subject which, both in its medical and social aspects, is more worthy the close attention of midwives and nurses than that which forms the title of this paper. Let us first examine the extent to which syphilis causes dead-birth and infant mortality, commencing with dead-birth.

TOTAL DEAD-BIRTH RATE.

The Notification of Births Act came into force, in certain areas, in 1907; it has taught us that the dead-birth rate, from all causes, is approximately 3 per cent.; in other words, out of every 100 infants born, three are born dead. When an infant is born dead, the doctor or midwife has to fill in a certificate of "still-birth"; this certificate merely certifies the infant was born dead: it is not concerned with a statement, or a hazard, as to the cause of death. In fact, such a statement would be extremely difficult to make with any degree of accuracy; in the majority of cases it would involve a detailed *post mortem* examination of the infant, an investigation of the placenta, and a thorough inquiry into the state of health of the mother. There is no legislative machinery for doing this at present. So, although we are enabled to estimate the number of infants born dead, we have no national statistical figures to tell us the relative frequency of the causes (including syphilis) of dead-birth.

NUMBER OF DEAD BIRTHS DUE TO SYPHILIS.

The Medical Officer to the Local Government Board, in his report for 1913-1914, states that, from evidence published by the Royal Commission on Venereal Diseases, it appears likely that one-half of this antenatal mortality (a dead-birth rate of 3 per cent.) is due to syphilis; in other words, he suggests that 50 per cent. of dead births are due to syphilis. This appalling figure must be considered far too high. As I have already pointed out, the only way to arrive at accurate figures is to subject every dead-born foetus to a complicated *post mortem*

examination, and to give 200 the state of health of the mother, and this, on a large scale, is impossible, except in maternity hospitals equipped with a complete pathological department. We have, luckily, the results of such an investigation, conducted by Dr. Whitridge Williams in the Obstetrical Department of the John Hopkins Hospital. Dr. Williams studied 705 foetal deaths which occurred in 10,000 consecutive deliveries. In this series he included all deaths occurring in children from between the seventh month of pregnancy, the so-called period of viability, and full term, as well as those occurring within the first two weeks after delivery. (Out of these 10,000 mothers, 4,600 were black.) The result of this investigation is seen in Table I.

TABLE I.
Cause of 705 Foetal Deaths.

| Cause. | Total. | Percentage Incidence. |
|-----------------------------------|--------|-----------------------|
| 1. Syphilis | 186 | 26.4 |
| 2. Unknown | 127 | 18 |
| 3. Dystocia | 124 | 17.6 |
| 4. Various | 79 | 11.2 |
| 5. Prematurity | 51 | 7.1 |
| 6. Toxaemia | 46 | 6.5 |
| 7. Deformity | 24 | 3.4 |
| 8. Inanition | 23 | 3.3 |
| 9. Placenta Praevia | 22 | 3.1 |
| 10. Accidental hæmorrhage | 13 | 1.8 |
| 11. Suffocation (Criminals) | 6 | 0.9 |
| 12. Debility | 5 | 0.7 |
| | 705 | 100.0 |

The most striking feature of this investigation is that syphilis is far and away the commonest factor concerned in the production of death, presenting an incidence of 26.4 per cent. It was observed much more frequently in the blacks than in the whites, being 35 per cent. in the blacks and 14 per cent. in the whites. So you see that where each dead foetus is examined for the cause of death, the incidence of syphilis works out at 26.5 per cent., or about half the figure suggested by the evidence of the recent Royal Commission. Remember, too, that this figure belongs to one particular city, and that about half the foetuses were from negro parents, amongst whom syphilis is particularly common.

INFANT MORTALITY DUE TO SYPHILIS.

Let us now leave, for a moment, the subject of dead-birth, and pass on to consider the extent to which syphilis is responsible for infant mortality. We now have more reliable figures,

for whereas it is often difficult or impossible, without scientific investigation, to assign the cause of death in a dead-born child, it is much easier to find out, by ordinary clinical examination, what has caused the death of an infant after birth. Table II, published in the last report of the Local Government Board, shows us the various causes of death in infants during the first year of life.

TABLE II.

Deaths in England and Wales, 1912, at age under 1 year, from various causes.

| | Deaths. | Percentage of Total Deaths. |
|---|---------|-----------------------------|
| Measles | 2,533 | 3.1 |
| Scarlet Fever | 70 | 0.1 |
| Whooping cough | 3,080 | 4.8 |
| Diarrhoea and enteritis | 9,734 | 8.1 |
| Tuberculosis (all forms) | 2,450 | 3.0 |
| Veneral diseases | 1,204 | 1.5 |
| Other infective diseases | 614 | 0.7 |
| Bronchitis and pneumonia | 15,023 | 18.0 |
| Meningitis | 1,120 | 1.4 |
| Diseases of eyes | 5 | 0.0 |
| Diseases of ears | 140 | 0.2 |
| Diseases of mouth | 180 | 0.2 |
| Heart diseases | 37 | 0.0 |
| Rickets | 301 | 0.4 |
| Cancer and other tumours | 23 | 0.0 |
| Scurvy | 15 | 0.0 |
| Other general diseases | 160 | 0.2 |
| Infantile convulsions | 7,413 | 9.0 |
| Premature birth, atelectasis, and injury at birth | 10,521 | 23.0 |
| Atrophy, debility and marasmus | 10,281 | 12.4 |
| All other causes | 10,330 | 12.4 |
| Total | 82,779 | 100.0 |

Here, again, no one pretends that this Table is based on scientific accuracy. I shall again refer to the great difficulty of diagnosing congenital syphilis in many cases. Consider the indefinite group "atrophy, debility, and marasmus," which is responsible for 12.4 per cent. of the deaths; there can be no doubt that a large proportion of these is due to syphilis. Another point to be remembered is that the present conditions of certification of death tend to prevent practitioners from entering the full facts on death certificates; were this not so, the figure of 1.5 per cent. would probably be higher. The Medical Officer lays stress on this in his last report, and writes:—"The amount of syphilis shown in the death returns represents only a fraction of the total disease caused by it."

SYPHILIS: THE NATURE AND COURSE OF THE DISEASE.

I shall now consider briefly the nature of syphilis, and the course the disease takes when acquired by men and women. Syphilis is a very infectious disease, due to local infection by a specific organism, called the *Spirochaeta Pallida*. The local infection is almost always situated on the genital organs. Occasionally cases are met with in which the disease is transmitted by other means, and then the primary lesion is located in some other part of the body; thus a doctor or a nurse may be infected on the finger, by operating on or by attending to a syphilitic patient; or the lip may be infected as a result of drinking out of the same glass as a syphilitic patient, or even by kissing. Within an interval of two to six weeks a sore or chancre appears on the site of infection. The disease is divided into three stages.

1. *The Primary Stage*, characterised by the development of the sore or chancre. The sore lasts about six weeks, but its duration depends on whether treatment is commenced early or late. In women the sore appears in the vulva as an ulcer, which becomes inflamed and discharges pus. The glands all over the body become slightly enlarged and hard, and the glands in the groins especially enlarged and tender. If a woman becomes infected during pregnancy, the ulcer becomes particularly large and inflamed. The primary sore is highly infectious.

2. *The Secondary Stage*.—Here the disease becomes diffused throughout the body by the blood. A certain amount of constitutional disturbance may exist, the patient feeling "seedy" and out of sorts, whilst in some cases distinct pyrexia and headache are noted. Well-marked anæmia is often present. The chief secondary manifestations consist in the appearance of various forms of rash on the skin and mucous membranes, associated with a general enlargement of the lymphatic glands, sore throat, condylomata, loss of hair, and other less common phenomena, and *these usually show themselves in from seven to nine weeks from the time of infection*, although they may be delayed to a much later date. Their intensity also varies considerably, the phenomena being sometimes scarcely evident, and at others very marked. They are also influenced greatly by the period at which treatment commences; the earlier it is given, the less obvious are the secondary phenomena.

The skin rashes of secondary syphilis are chiefly characterised by the fact that, although any form of rash may be simulated, no specially

distinctive variety is originated. Moreover, in the same individual the rash is not always of the same character throughout, several distinct types developing in different parts of the body. The rash is usually more or less symmetrical, the colour in the early stages being a dusky red, resembling that of raw ham, whilst later on it becomes of a more coppery hue; occasionally, however, it may be a bright rosy red.

The secondary stage is highly infectious; the blood and all the secretions are infective, for the germ of the disease is spread all over the body.

3. *The Tertiary Stage.*—The phenomena occurring in this stage may appear within six months of infection, or may be delayed for several years. The phenomena consist in overgrowth and infiltration of connective tissue in various parts of the body. If the overgrowth is localized it forms a hard lump in the particular part in which it occurs, known as a *gumma*.

The particular points I wish to emphasize are that the primary sore and the secondary stage are both highly infectious. After the symptoms of the secondary stage have disappeared, the patient may present no signs of the disease, and may appear a perfectly healthy woman. If she has been properly treated, she is cured. If she has not been properly treated, she still has the disease, although she may have no sign of it. The germs still lurk in her body, and she may at any time develop symptoms, such as paralysis, from a gumma of the brain or spinal cord, a disease such as locomotor ataxy, or general paralysis of the insane. *She can also transmit the disease to her children.*

This leads me to speak of the Wassermann reaction. By this delicate test, which is made on the blood, we have a certain means of finding out whether a person has syphilis or not. It is a highly complicated and difficult test, and can only be carried out by an expert pathologist who is constantly performing it. A positive test means that the patient still has syphilis. A negative test means she is cured. It is only by employing the Wassermann test that it is possible to say for certain whether an apparently healthy person has syphilis or not.

A few points of difference between syphilis in men and women are worthy of mention. Syphilis in women is not nearly such a serious disease as in men; the primary stage and the early part of the secondary stage are equally severe in the two sexes, but the later manifestations of the secondary stage and the tertiary stage are much less severe in women. It is also a noteworthy fact that in women who

are bearing children the symptoms are even milder still. This last fact is of great importance to us. *The disease in a child-bearing woman may be so slight that she presents no manifestations; all the same, she may give birth to syphilitic children, and only the Wassermann reaction reveals the fact that she has syphilis.*

(To be continued.)

NURSING AND THE WAR.

The following Matrons had the honour of being received by the King on February 16th, at Buckingham Palace. His Majesty invested them with the Decoration of the Royal Red Cross:—

First Class: Miss Margaret Sparshott, Miss Clara Vincent, Miss Christina McKay, Miss Janet Sheppard, Miss Winifred Smeeton, and Miss Harriet Oates.

Second Class: Miss Madeleine Raye and Mrs. de Winton.

Our portraits of Miss C. E. Vincent, R.R.C., Principal Matron 5th Northern General Hospital (T.F.), Leicester, and Miss Harriet Oates, R.R.C., Matron 1st Western General Hospital, Liverpool, will be welcomed by many of our readers.

Miss Vincent, Matron of the Royal Infirmary, Leicester, was trained in the Nightingale School at St. Thomas' Hospital, and subsequently was appointed Sister, and then Assistant Matron. For the last three-and-a-half years she has been Matron of the Royal Infirmary, Leicester. In 1913 she was appointed Principal Matron of the 5th Northern General Hospital, of which Miss Hannath is Matron, and a description of which has been published in these columns. The original hospital of 520 has now been largely augmented.

Miss Harriet Oates, Matron of the 1st Western General Hospital, Fazakerley, Liverpool, was trained at the Royal Infirmary in that city, and afterwards held the position of Sister of Clarence Ward, subsequently being appointed Matron of the St. Helen's Hospital, Lancashire. Miss Oates has been connected with the Territorial Force Nursing Service since its formation.

We are indebted for these portraits to the courtesy of the Editor of *The Gentlewoman*.

It was a happy coincidence that the news of the arrival in London of the Scottish Nurses who had been imprisoned in Austria should reach the City of Perth on the day of the Annual Meeting of the subscribers to the Perth County and City Royal Infirmary, for amongst them was the Matron of the Infirmary, Miss Bowhill, and the large gathering had an opportunity of expressing its admiration and appreciation of the services and sacrifices of these nurses who voluntarily undertook to nurse the wounded Serbians. On the proposition of Mr. Alexander McDuff, the subscribers sent a telegram to Miss Bowhill, expressing their admiration of her heroism, and

that of her companions. They had raised about the name of womanhood, and written their names in the temple of fame.

It was reported at the Quarterly Court of the London Hospital that 115 of the nursing staff were on active service with the Naval and Army Reserve. We should have thought more could have been spared, as the nursing staff is reported to be upwards of 700.

A message from Lady Paget, dated Uskub, 8th inst., reports all the members of the Serbian Relief Fund there well and cheerful, and looking forward to a homeward journey soon. Lady Paget has been ill from overwork. All her friends will be glad to have her safely home again.

Miss Florence Clifton and Miss Bambridge, who were members of Mrs. Stobart's Mission to Serbia, have arrived home and have most interesting matters to report.

One of Miss Clifton's experiences almost proved fatal, and unfortunately resulted in a bullet wound through the lungs followed by a severe attack of pneumonia.

Miss Clifton was at Rashka, the ancient capital of Serbia, and during one of her walks abroad with Miss Macglade (the secretary of the hospital) she found herself suddenly in the midst of an affray between some Serbian peasants and Austrian soldiers. Although the two nurses attempted to obtain cover immediately, Miss Clifton was,

unfortunately, severely wounded by a stray bullet.

The wound was undoubtedly accidental, and it appeared subsequently that the fight occurred owing to the attempt of the soldiers to loot a Serbian farmhouse, the peasants vigorously resisting the effort.



MISS C. E. VINCENT, R.R.C..

Principal Matron, 5th Northern General Hospital, Leicester.

A nurse, writing in the *Yorkshire Post*, gives a most interesting account of her experiences in Serbia, including the following vivid description of her morning tub, together with some of her colleagues, while the guests of the authorities of a fever hospital at Valjevo.

"Orderlies rushed into the room while we were still in bed, in a high state of excitement, for one of us had suggested that after the Nish experience a bath would be heavenly, and no matter what the cost, our hosts were determined to gratify our wishes. There was a tremendous bustle as an army of orderlies carried huge cans of steaming water every drop of which had laboriously to be drawn from a well, and heated on the kitchen stove—and proudly filled six long zinc baths placed in a row in an empty ward. The baths had recently been used, we knew, for typhus patients, and we were expected to occupy them in squads of six! These drawbacks, however,

were mere trifles, but we did draw the line at a personal superintendence of operations by the orderlies. Having firmly quelled their enthusiastic anxiety for the thoroughness of our ablutions, we drove them from the room and barricaded the

door, feeling sure that they would not hesitate to dash in with fresh supplies of water should they fancy we required it. Our appetites, sharpened by the unwonted luxury of a real bath, we sought the dining-room. Swarms and swarms of flies arose, as we entered, disturbed from a quiet meal on the piled plates of dark, sour bread, and from the spots of grease on the tablecloth—remainders of last night's feast. We breakfasted on what the flies had left of the black bread, and on milkless, sugarless tea. The quality of Serbian tea must be tasted to be realised! Private stores of biscuits and chocolates had, we now realised, been prodigally wasted on the journey up country. We were healthy and hungry, and the next meal at 12.30, would, we knew, be but a scantier repetition of last night's dinner."

By degrees the units sent to Serbia are finding their way home.

Thirty-three nurses, doctors and orderlies, forming the British Farmers' Hospital Staff who went out to Serbia last June and have been in the hands of the Austrians, arrived in London on the 17th inst. They had a warm reception at the station, and were evidently delighted to be in old England once more—their appearance in make shift garments of the hardships splendidly endured. No doubt they will be kept as historic mementoes of how they helped to win the War, and as evidence of the valour of British women.

Miss Simmons, of Nottingham, Matron of the unit, gave a thrilling account of their adventures. The unit was in Belgrade during the enemy's bombardment, and its hospital being near the city's electric light station, was in the direct line of fire of the German guns. The work of tending the wounded was continued as long as possible, and only when every window had been broken and the building was in imminent danger of being demolished were the wounded evacuated.

The hospital was removed to Vrnjatckka, which

town was full of Serbian wounded when the Germans took it over. The Austro-Germans treated the members of the unit most civilly. The Serbian wounded were cleared out of the hospital, and the staff were asked as a favour to nurse the enemy wounded. Although they refused they did look after a number of the enemy for a few days.

For three days the members of the unit were kept doing nothing. Food was very short and the Austrians themselves were kept on short rations. Considering the conditions, the English party had nothing to complain of, and on occasions were fed even better than the Austrian soldiers.

When they were released they were told they had been detained in consequence of the arrest of the enemy consuls at Salonika, and when the officer informed them they were at liberty to go he added: "We are now giving you up, but you have not yet handed over our consul."

They were placed in comfortable railway carriages, supplied with good food, and their guards were specially selected on account of their knowledge of English. In fact, added Miss Simmons, one of the men was a Cook's interpreter.

Miss Simmons stated there were still in Serbia sixty or seventy doctors and nurses belonging to Mr. Berry's Anglo-Serbian Mission and other hospital units,

and she expected they were on their way home.

This will be welcome news to the many friends of Mr. and Mrs. Berry, and the members of their unit, as the last news was that they were prisoners of war.

A correspondent writes, *re* the everlasting friction between the untrained commandants and officials and the trained Matrons of V.A.D. Hospitals: "The Vice-President here objected to the Matron (an excellent organizer) scolding a nurse for disobedience; she told the Matron she must remember that V.A.D.'s were ladies not nurses!"



MISS HARRIET OATES, R.R.C.

Matron 1st Western General Hospital, Liverpool.

FRENCH FLAG NURSING CORPS.

Some unknown friend, writing of the Corps in the *Independence Roumaine*, Bukarest, says some flattering things of the organizers of the Corps, and adds: "If Roumania goes to war, how gladly she would welcome such a splendidly organized Corps." If Roumania goes to war on the right side—no doubt it would give the Committee much pleasure to provide a Corps of thoroughly trained British Sisters.

Col. Dr. Mellanotte, Med. Chef of the Place de Toul, writes, saying how pleased he is with the Sisters, and congratulates Miss Roberts (the Supervisor). The Med. Chef at Steenwoorde has also expressed his satisfaction with Sisters Lind and Hitchcock, R.N.S., two excellent registered nurses from New Zealand. These two Sisters have worked hard ever since November, 1914, and have just recently enjoyed a well deserved sunny holiday at Nice.

Miss Mary Brockie, cert. Camberwell Infirmary, and recently Nurse Matron, Pernambuco, Brazil, will leave for France on Friday, 25th inst.

IRISH NURSES' ASSOCIATION.

At a meeting of the Executive Committee of the Irish Nurses' Association, held at 34, St. Stephen's Green, Dublin, on February 5th, Miss Carson-Rae was appointed as one of the five delegates on the Central Committee for State Registration of Nurses, in place of Miss Haughton resigned. It was agreed that a resolution of sympathy with the objects of the Central Committee be sent to Mrs. Porter to present to the Central Committee. It was also agreed that the Irish Nurses' Association should apply for affiliation to the Dublin Branch of the National Union of Women Workers.

WEDDING BELLS.

The marriage is announced, at St. Benedict's Church, Cambridge, of Capt. Dalton Mallam, R.A.M.C. (T.), formerly house surgeon at Addenbrooke's Hospital, and son of the late Mr. G. B. Mallam, of Oxford, and Mrs. Mallam, of Wantage, Berks., and Miss Jessie Muirhead Somerville, niece of Mr. and Mrs. Robert Store, of Peldon Lodge, Colchester, and formerly Sister in the Victoria Ward at Addenbrooke's Hospital.

PRESENTATION OF MEDALS.

The first presentation of the medals, which the Portsmouth Board of Guardians has decided to give to all probationer nurses on the completion of their training in the Infirmary, took place at the meeting of the Committee last week. Mr. S. Salter, Chairman of the Infirmary Committee, made the presentations, the recipients being Nurses Clayton, McKingie, Bridger, Brown, Fletcher, Brading, Pollock, Harding, Bishop, Tostevin, Bullock, Groueten, Nightingale, Jenkins, and Newsome.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Minley Military Hospital, Farnborough.—Miss F. E. McCormick.

St. John's Hospital, 67, High Street, Fareham.—

Miss C. M. Green, Miss J. Campbell.

Guards' Hospital, Basildon Park, Reading.—

Miss J. P. Searle, Miss E. Porter.

The Close Hospital, Winchester.—Miss R. Gunn.

St. John's Hospital, Bournemouth.—Miss L. Fowler.

V.A.D. Hospital, King's Walden, Bury, Herts.—Miss M. Conalty.

Auxiliary Military Hospital, Devizes.—Miss A. John.

Clandon Park, Guildford.—Miss Hansen, Miss

C. Hutchinson, Miss M. A. Jennings.

Singhmoor Red Cross Hospital, Walton-on-the-

Naze.—Miss M. A. Blackmore.

Urmstone Hospital, Blackwater Road, Eastbourne.

—Miss E. Lepingwell, Miss M. A. Kett, Miss M. A.

T. McCarthy.

Higham's Military Hospital, Woodford Green.—

Miss G. Westrope.

Northwood Hospital, Cowes, I.O.W.—Miss L.

Triley.

V.A.D. Hospital, Clavering Walk, Cowden, Sussex.—Miss M. Blenkarn.

V.A.D. Hospital, Heathfield, New Barnet.—

Miss E. L. Gray.

Wicklow Lodge, Melton Mowbray.—Miss M.

Hunter.

V.A.D. Hospital, Spalding Hall, Hendon.—

Miss A. E. Scanlan.

Caen's Hill Military Hospital, Weybridge.—

Miss N. Bowman.

St. Anne's Hall, Caversham, Reading.—Miss

E. L. Attwell.

Auxiliary Military Hospital, Devizes.—Miss A. M.

Knight.

Hill Lodge, V.A.D. Hospital, Chipping Norton.—

Miss L. B. Elford.

Spondon V.A.D. Hospital, nr. Derby.—Miss L.

Clayton.

Woodcliffe Auxiliary Hospital, Wargrave.—Miss

E. M. Platt.

Dollis Hill House Hospital, Kilburn.—Miss K. M.

Aylward.

Yarrow Military Hospital, Broadstairs.—Miss

M. Leask, Miss C. M. Smart, and Miss J. D.

McL. Smith.

Red Cross Hospital, Cowbridge, Glam.—Miss L.

Shulver and Mrs. C. Williamson.

Moorfield Hospital, Glossop.—Miss E. Kew.

Military Hospital, Clifton Camp, Notts.—

Miss V. M. Watkins.

Mrs. Jamieson's Military Hospital, Rye, Sussex.

—Miss F. A. Martin.

Higham Hospital, Birmingham.—Miss M. McGow.

Red Cross Hospital, Earl's Colne, Essex.—

Miss G. Arnold and Miss C. C. Wray.

St. Mary's Hospital, Bellingham.—Miss D. H. Oakhill.

V.A.D. Hospital, The Haive, Trowbridge.—Mrs. A. Alexander.

Princess Christian's Hospital, South Norwood Hill.—Miss B. McMurtrie.

The Beckett Hospital, Barnsley.—Miss F. M. Wallison.

Wettr Hospital, Balham.—Miss A. M. Kane.

Woodside V.A.D. Hospital, Darlington.—Miss E. H. Davis.

Mary Wardell Hospital, Stanmore.—Miss E. M. Seabrooke.

V.A.D. Hospital, Beeston, Notts.—Miss G. Barrett.

East Lancs. Red Cross Hospital, Worsley.—Miss C. McGregor.

Kingsclere House Hospital, Newbury.—Miss F. V. Piton.

V.A.D. Hospital, Mornham, King's Lynn.—Miss S. E. Lawrence.

Hoole House Hospital, Chester.—Miss E. Glasspool.

Fairview Hospital, Chigwell, Essex.—Miss M. Brown.

Military Hospital, Camberley.—Mrs. R. Hallaran.

Plank House, Gillingham, Dorset.—Miss E. B. Swain.

Red Cross Hospital, Kington, Herefordshire.—Miss L. E. Gorman.

ABROAD.

Liverpool Merchants' Hospital, Etaples.—Sister S. E. Miller.

Miss Prisca Graham has been appointed Matron of the Convalescent Hospital, Egypt. She was trained at University College Hospital, and since has held the appointments of Sister at the Hospital for Women, Fuston Road; Sister at the House of Aini Hospital, Cairo; Out Patients' Sister, at Brompton Hospital; and Housekeeper at the American War Hospital, Paignton.

ACROSTIC.

Written by a patient in the Sanatorium, at Davos Platz during a restless night—

T hou added horror to our age-long pains,
H ow great a wizard knowing all thou art,
E ver indifferent to the sinking heart,
R elentless, silent, counting loss and gain,
M arking the fevered chance of Life or Death
O n a pale index with a line of light,
M arking Life's chance below, and Death upon
the height.
E ternal Hope, born with each morning's breath,
T urn, turn away from evening's line of sorrow,
E ver thy broken lute soft singing saith:
R ise, star of Hope, to-morrow and to-morrow.

The Kilburn Police have made a presentation to Nurse Hosken, of the Hendon Military Hospital, who pluckily assisted a constable with two violent prisoners, whilst a number of men looked on and refused to help.

CARE OF THE WOUNDED.

The King and Queen have been very busy visiting the sick and wounded since their return to London. They stayed for an hour at the West End Hospital for Nervous Diseases, and spoke to the civilian patients as well as the soldiers. The King and Queen were received by the secretary (Mr. Kirkaldy), the house physician (Mr. Herbert Batten), and the senior sister (Miss Stuart Smith).

The new offices of the British Women's Hospital, Star and Garter Home, at 21, Old Bond Street, W., were opened on Friday, February 18th.

The speakers included Lady Forbes Robertson, Miss Whitty, Miss Braithwaite, and Lady Cowdray (Hon. Treasurer). There was a large gathering. The offices, which occupy the whole of the handsome and spacious premises, have been generously lent by Mr. Duveen. At present the Hospital, which consists of the ball-room and banquetting-room of the famous hotel at Richmond, has accommodation for about thirty men. The rest of the former building has been pulled down to the original foundations, which were laid at great cost. The old building material is to be used again. When completed, the Hospital will accommodate about 260.

The patients are those who will most appeal to a generous public, for they are of the totally disabled class and many are in a grievous condition.

The Hospital is to be a permanent memorial, and those of the sufferers who survive their terrible injuries will be permanent inmates.

One wing will be dedicated to the memory of Edith Cavell.

WAR PICTURES IN RUSSIA.

Mr. Ian Malcolm, M.P., has contributed some very interesting "War Pictures in Russia" to the *Times*. Writing of hospital work at Kieff, he says:—

With all its railway facilities Kieff is also a great centre, not only for nursing the wounded from Galicia and elsewhere, but for forwarding them to the hospitals, whose name is legion, in the interior of the Empire. If you want to see a hospital train discharged of its wounded to perfection, Kieff is the place to see it. Imagine, first of all, long wooden sheds stretching for nearly half-a-mile along a specially-constructed siding of one of the largest goods stations in the world. This huge temporary building is divided into bath-houses, bandaging-rooms, dormitories and refectories capable of accommodating about 3,000 men at a time. It is staffed by Army doctors and sisters, and a band of 160 stretcher-bearers who do day and night shifts by companies of 80; the maintenance is provided from funds given by the employees of the South-Western Railway system, whose wives and daughters undertake the cooking and general house work, not only here but in a splendid little hospital over the way,

which receives those who arrive too exhausted to be sent on any farther. Presently there arrives from Tarnopol—36 hours distant—a train consisting of such carriages and covered trucks and vans as could be collected. They are beautifully warmed by pipes or stoves. Along the platform are ranged 80 orderlies in long white coats, divided into squads whose duty it is to 'evacuate' the wounded as carefully and speedily as possible. At noon exactly a whistle was blown, and they started work at 12.15. Not a man of the 600 wounded was left in the train or on the platform. It was a magnificent performance, a triumph of careful preparation and swift execution for which the mili-

tary and Red Cross authorities deserve all possible praise.

"Of the many hospitals I visited, large and small, all were good in their different ways, and gave one a lasting impression of the business spirit and the tender hearts of those 'in authority.' Two hospitals in particular struck me as excellent. One was a 'mobile unit' of 330 beds, now housed in a large technical college. Here the matron and superintendent is the Grand Duchess Olga, sister of the Tsar, who has been on active service with this unit since the outbreak of War. Great credit should be given to this gracious and gentle lady, who,



A RUSSIAN AMBULANCE TRAIN AT THE FRONT.
SISTERS AT BREAKFAST.



PEASANT WOMEN HELPING TO CARRY THE WOUNDED.

from Rovno, from Lemberg and elsewhere; yet, by her own force of character and inexhaustible spirit, she maintained the *moral* of staff and patients alike, and now, at Kieff, presides over as well-ordered an institution as one could wish to see.

The other remarkable hospital was a very interesting institution outside the city; it contained 150 beds for armless or legless men who needed artificial limbs. These were manufactured, with extraordinary skill, upon the ground floor, and each new limb was specially made for the soldier who was going to wear it. He was kept in the hospital until the leg or the arm was exactly fitted to him, and he had become adept in the use of it."

We are indebted to Miss Violetta Thurstan, who is now in Russia, for the interesting pictures on the previous page.

THE VOLUNTARY NURSING COLLEGE SCHEME.

BETTER LATE THAN NEVER.

As we go to press a meeting is being held at 83, Pall Mall, upon the invitation of Miss Swift, of representatives of Nurses' Organizations and others, to discuss the Voluntary Nursing College Scheme. No doubt the delegates of societies which have for years promoted the organization of nursing through the Nurses' Registration Bill, will make their point of view quite clear, and it is high time that all those genuinely anxious for the best interests of nursing, should co-operate to attain it.

In the meanwhile the promoters of the Voluntary Scheme are working energetically to enlist the support of matrons and others. We learn on good authority that, as on former occasions, Sir Henry Burdett is quietly using all his personal influence in this direction, and that Sir E. Cooper Perry, Superintendent of Guy's Hospital, is also supporting voluntary organization. At the meeting let us hope the names of those who have sprung this new Scheme on the profession at this most ill-opportune time will be announced. This is altogether too serious a matter for trained nurses for any further privacy and ambiguity. Frankly, we strongly deprecate any form of secrecy in attempting to promote a Governing Body for the Nursing Profession. This course was adopted over the "Higher Education of Nurses Scheme" at the Board of Trade in 1905, and in connection with "The Nurses' Directory Bill" in the House of Lords in 1908, both of which dangerous attacks were ultimately defeated by the

class to be governed, at great expense to themselves.

PROPOSAL OF

Last week's *Medical Press* has a word of warning to our profession in this connection. It is well to see ourselves as others see us.

For many years past (says the *Medical Press*) there has been, as our readers know, a strong agitation among nurses to secure State Registration. The official nursing organisations are in favour of registration, but certain of the larger hospitals seem to think that their interests are threatened by the proposal, and so far the agitation has not had complete success. A Nurses' Registration Bill has passed the House of Lords on one or two occasions, but up to the present has not become law. Since the beginning of the war nurses have found themselves too busy to spend their time in political activities, and the demand for State Registration has been allowed to stand over. Unfortunately, as THE BRITISH JOURNAL OF NURSING last week points out, the interests of nurses are now threatened by the proposed establishment of a voluntary scheme of some sort which may "dish" registration. It appears that the Joint War Committee of the British Red Cross and the St. John Ambulance Societies has taken the matter in hand, and proposes to establish a College of Nursing, one of the functions of which is to grant a certificate of proficiency in nursing. The scheme seems to be sufficiently foolish to condemn itself, but the nurses do well to be on their guard. It is largely owing to the powerful social influence of persons connected with the two societies mentioned that nurses have been deprived of their proper prerogative in attending to our sick and wounded soldiers, and their duties committed to unskilled hands. A committee which cannot distinguish between a nurse with three or four years' training and a voluntary worker with three or four weeks' is certainly not a body to be entrusted with any control over the education of nurses.

EQUALITY OF STATUS.

The Vote demands "Equality of Status," in the following paragraph:—

"The nursing profession has never been treated as a profession; except for insisting on strenuous and never-ceasing training, those mainly dependent on it have treated it as of no higher standing than domestic service. The new proposal by the Hon. Arthur Stanley, who, only the other day, publicly pledged himself to the principle of equality for men and women, i. so strangely insulting that one can only marvel at the type of mind that could evolve it. The nursing profession, instead of having its State Registration and self-government, is to have a system of 'voluntary' training and control, under a managing committee composed of matrons and Matrons of Districts, of governors of hospitals, doctors, and persons like Mr. Stanley. The sheer impudence of it takes

one's breath away. We wonder what the associated medical profession would say if it were proposed that the Medical Council should consist of nurses, philanthropists, and members of Parliament? It never seems to strike them that the great women's profession *par excellence* is entitled to the same status, dignity and independence as those which comprise men."

THE BLIND LEADING THE BLIND.

We wish at the earliest opportunity to contradict the statement made in Macmillan's lay-edited paper for nurses that we claimed in our speech at the National Council Meeting, on the 12th, that "there must be a high standard for nurses in this country, and it must be made compulsory."

What we claim is that by Act of Parliament a system of legal registration of trained nurses shall be authorised, as provided in the Nurses' Registration Bill. This Bill does not make State Registration compulsory, and we have never advocated that it should do so. When the Bill is passed—and the sooner the better—no nurse will be compelled to register, but she will not be permitted to use the statutory title of "Registered Nurse," unless she does so. These inaccurate "howlers" are sure to occur where lay women accept the responsibility of posing as professional experts, and this is the chief reason we deprecate a quick nursing press.

Anyway, the statement is untrue and misleading as far as we are concerned.

Also this same publication, presumably to minimise the representative character of the National Council Meeting, made a second inaccurate statement concerning the number of "women present." More than double the number attended the meeting than that stated by the journal in question. We are, however, used to covert antagonism towards self-governing organization of trained nurses by the employers' press, and so long as there is "money in us," we presume we shall continue to suffer from such tactics.

NATIONAL UNION OF TRAINED NURSES.

The Frome Branch of the National Union of Trained Nurses had a good gathering on Wednesday, February 16th, for the Annual Meeting held this year at Orchardleigh by the invitation of Rev. W. Arthur and Hon. Mrs. Duckworth. Sixteen professional members were present, though several others were prevented from coming by the very stormy day. Among members were Miss Daniel (co-Hon. Secretary with Miss Duckworth), Miss Sumner and seven nurses of Victoria Hospital and Nurses' Home, Miss Selway, Miss Mountain, Queen's Nurse of Mells, and other

district nurses. Among the Associates were Countess Cairns, Mrs. Daniel, and Miss Baily who kindly consented to serve the branch again as Hon. Treasurer. Miss Eden, Hon. Secretary N.U.T.N., presided at the meeting. It was her first visit to the branch since it started in 1912. After the adoption of the Annual Report and Balance Sheet and the re-election of the Committee and officers, Miss Eden spoke of the growth of the Union in relation to the needs and questions of the present day. The Union had 2,000 members and it was important to increase the number in order to fulfil its aims and objects as a National Union. At the beginning of the War the N.U.T.N. Central Office had been the means of immediately sending seventy trained nurses to St. John Ambulance Association and the N.U.T.N. War Register was supplying many hospitals at home and abroad with reliable nurses. Miss Eden gave a short explanation of the difference between the proposals for State Registration and for a Nursing College. Red Cross members of the Frome V.A.D. now working at the War Depot and other friends interested in nursing joined the party to hear Miss Eden's lecture on the History of Nursing, this was illustrated by a selection of her lantern slides taken from old manuscripts and other pictures describing district and military nursing from the days of St. Vincent de Paul and of Florence Nightingale to the present time. The snapshots of patients and nurses at the Urgency Cases Hospital in France and of mothers and babies at the Home at Chalons-sur-Marne, particularly interested those who had worked for them and the war slides of Miss Thurstan with the flying Nursing Corps in Russia were appreciated by all who had heard her lecture last May. Miss Thurstan had lately been organising a medical relief expedition for the Polish refugees in Petrograd and Miss Pye who had superintended the Home at Chalons-sur-Marne was now organising further relief and constructive work among the refugees of the devastated countries.

Mrs. Duckworth offered a vote of thanks to Miss Eden for her interesting lecture and thanked Mr. Waldegrave for showing the slides with his magic lantern. She expressed her own and Mr. Duckworth's pleasure in welcoming the members of the Union and so many friends to Orchardleigh. A collection was made and Miss Duckworth stated that the proceeds would be divided between the Central Fund and the N.U.T.N. Cavell Memorial Fund in aid of sick and aged nurses. The afternoon began with a short service in Orchardleigh Church.

IN AID OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses, acknowledges with thanks the following donations in support of the cause:—Miss M. N. Cureton, 10s.; Miss Pote Hunt 5s.; Miss E. Hunter, 5s.; Miss L. Havers, 5s.; Miss E. Ross, 5s.; and Miss H. Edmonds, 1s. 6d.

THE FIRST PRESIDENT OF THE SOUTH AFRICAN TRAINED NURSES' ASSOCIATION.

(Continued from p. 184.)

MISS M. NUTT, R.R.C.

Miss Mary A. M. Nutt, R.R.C., to whom has fallen the honour of being elected the first President of the South African Trained Nurses' Association, has (says the *South African Nursing Record*) a career which more than justifies the choice. She is at present Matron of the Old Somerset Hospital, Cape Town, and Acting

Matron-in-Chief of the S.A.M.N.S. On her has devolved the arduous and difficult task of arranging the nursing service for the German East campaign. Trained at Guy's Hospital, London, she stayed there from 1891 till 1898. Thence she proceeded as Nursing Sister with the West African Frontier Force, with which she stayed until 1901. It was here she gained the coveted Red Cross and West African medal with clasp, of which there are not many in South Africa. During 1901-1902 Miss Nutt was Matron of the Cottage Hospital, Buckhurst Hill, and in the later years she came to South Africa as Sister at the Leper Asylum. For a time during 1903 she was temporary Sister at the Mental Hospital, Bloemfontein, then went as Sister to the New Somerset Hospital, Cape Town. From 1904 till 1907 she was Assistant Matron at the same institution, whence she proceeded to her present post of Matron of the Old Somerset. During the German West hostilities, she was Matron of No. 2 General (Alexandra) Hospital, and since the departure of the South African Hospital to Europe, she has, as already stated, taken Mrs. Creagh's place as Matron-in-Chief, S.A.M.N.S.

Miss Nutt's interest in the Association is whole-hearted and enthusiastic. She is President of the Western Province Branch, and it is largely to her good work that the success of this large branch is due. Many nurses who were temporarily in Cape Town during the German West operations will testify to the pleasure that branch gave them and

to the excellent hostess Miss Nutt made. Speaking from a personal acquaintance, we know Miss Nutt as one who places the ideals of nursing first in her life, and whose interests are bound up in the profession in South Africa. She places South African nursing and all that affects it first in her activities, and, while congratulating her on the honour of being elected the acknowledged leader of the South African nursing profession, we recognise that she is getting nothing more than her honourable and distinguished career has entitled her to.

The trained nurses of the world are rapidly coming into line, and have now forceful National

Associations in every quarter of the globe. We are looking forward to the South African Association taking its place in international co-operation with Europe, Asia and America at the next meeting of the International Council of Nurses at Copenhagen in 1918, if peace then reigns instead of war.



MISS M. NUTT, R.R.C.,
First President, South African Nurses' Association.

WAR HOSPITAL, CRAW ROAD, PAISLEY.

Miss Helena K. Butler has been appointed Superintendent Sister; trained at St. Bartholomew's Hospital, E.C. Miss Louie Atkinson has been appointed Night Sister—trained at Chester General Hospital; and the following have been appointed Charge Nurses: Miss K. M. Allan, General Hospital, Stafford; Miss Margaret Reilly, Down County Infirmary; Miss Helen Mason, St. Vincent's Hospital, Dublin; Miss Agnes M. Paton, Leith General Hospital; Miss Berta Maxwell, Dumfries Royal Infirmary; Miss Annie Mackay, Dundee Royal Infirmary; Miss Margaret Ballentine, Union Infirmary, Lurgan; and Miss Ada M. Corden, Union Infirmary, Nottingham.

LINCOLNSHIRE COUNTY COUNCIL.

Miss C. Norman has been appointed Health Visitor. She was trained at the Bermondsey Infirmary, has been Staff Nurse at the South Eastern Fever Hospital, and has also held positions as a Queen's Nurse.

APPOINTMENTS.

MATRON.

Infectious Diseases Hospital, Yarnfield, near Stone, Staffs.—Miss Marie L. Thomas has been appointed Matron. She was trained at the London Hospital, Whitechapel, E., and has been Sister at the Monsall Fever Hospital, Manchester; Matron of the Fever Hospital, Bury, Lancs.; Matron of the Fever Hospital, Luton; and Matron of the Borough Isolation Hospital, Plymouth.

Dunstable and District Hospital for Infectious Diseases.—Miss Winifred James has been appointed Matron. She was trained at Kettering and District Hospital, and been Staff Nurse at the Helmington Row Isolation Hospital, Matron of the Stanhope Hospital, District Nurse at Choppington, and School Nurse under the Luton Education Committee.

SISTER.

Tredegar Park Hospital, Tredegar, Monmouthshire.—Miss Agnes Francis has been appointed Ward Sister. She was trained at the Swansea General and Eye Hospital, and Queen Charlotte's Hospital, and is a certified midwife. For the past four years she has been a member of the Staff of the Registered Nurses' Society, and has won much esteem as a private nurse.

Township Infirmary, Leeds.—Miss Annie Oates has been appointed Sister. She was trained at this Infirmary and has since been Midwifery Nurse at the Maternity Hospital, Birmingham, and has done private nursing. She is a certified midwife. Misses Mary Savage and Mary Martin have been appointed Sisters. They were trained at the same Infirmary and have since been Staff Nurses. They hold certificates of invalid cookery.

King Edward VII Hospital for Children, Sheffield.—Miss Ethel Hickling has been appointed Sister. She was trained at the Township Infirmary, Leeds, and holds the C.M.B. Certificate and certificate for invalid cookery.

Victoria Hospital, Keighley.—Misses Mercia Bowen and Grace Iredale have been appointed Sisters. They were trained at the Township Infirmary, Leeds, and hold certificates for invalid cookery.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Annie Button is appointed to Somerset as third Assistant County Superintendent.

Miss Button received General training at Tottenham Hospital; Midwifery training at Brighton Maternity Hospital; and District training at the Salford Home, Manchester. She has since held several appointments under the Institute.

Miss Florence Wilkinson is appointed to Birmingham (Moseley Road), as Staff Nurse; Miss Mary C. Jones is appointed to Blackburn.

NURSING ECHOES.

Princess Louise, Duchess of Argyll, and Princess Henry of Battenberg attended the meeting of the Council of Queen Victoria's Jubilee Institute last week. The draft report was approved. Viscount Goschen and Captain Harold Boulton, C.V.O., were re-elected chairman and vice-chairman of the Council respectively, and members were elected to serve on the various committees during the ensuing year.

We have pleasure in publishing on the following page a portrait of Mrs. Bekenn, the new President of the Queen's Hospital Nurses' League, Birmingham. Mrs. Bekenn (*née* Davis) was trained at the Queen's Hospital, and after a year's experience on the private staff was appointed successively Medical, Surgical, and Theatre Sister, and after nine years' work, resigned on account of her approaching marriage.

She has maintained a keen interest in all that concerns the welfare of the nursing profession, and especially in its organization through State Registration.

The members of the Queen's Nurses' League have given proof of the confidence they feel in Mrs. Bekenn by electing her to succeed the founder of their League, the late Miss Maude Buckingham, in the office of President, and we feel sure she appreciates the honourable nature of the trust imposed upon her.

In view of the various new employments now open to women, and the many questions arising in connection therewith, the Executive Committee of the National Union of Women Workers have decided to call a Special Meeting of the National Council on April 14th, to consider this important matter. Nurses are too busy, however, to take a very active part in anything but work just now.

Mr. Fisher Unwin has just published the reminiscences of Canon James Adderley, "In Slums and Society," a work which is of special interest to those nurses engaged in social service.

The past year has been one of great anxiety and strain to all those supervising nursing departments, either as matrons of hospitals and infirmaries, or of nursing institutions. It has been most difficult to keep up a well-trained nursing staff, as the majority of such nurses have all longed for active service, and we are

glad to note from time to time that Committee recognise how much they owe to tactful matrons under present conditions, in keeping up the standard of nursing in the wards. Amongst them the Sister Matron of the Kent and Canterbury Hospital was reported to have surmounted all difficulties at the recent Annual Meeting of Governors.

Miss E. L. Williams, Matron of the Wood Green Hospital, has, we regret to learn, been compelled to resign the appointment, which she has filled with such devotion for a number of years. At the quarterly meeting of the Wood Green Council the resignation was formally accepted, and the Theatre Sister, Miss N. Dick, appointed as her successor.

The Chairman, Mr. G. T. Brown, spoke most warmly of Miss Williams' services, saying that she had not only been a most capable Matron, but a friend to all who had to do with the hospital, which she had brought to a high point of administrative perfection. They deeply deplored that her health had been undermined, partly, he could not help thinking, because she had been zealous and self-sacrificing, and had forgotten her own needs.

The employment of women nurses in the male wards of asylums does not find favour with the Doncaster Trade and Labour Council, and at a recent meeting of the Doncaster Guardians the Clerk produced correspondence with respect to a complaint by the Council on the subject. In this connection it is interesting to note the views of Dr. George M. Robertson, Physician Superintendent of the Royal Edinburgh Asylum, Morningside, expressed in a paper read at the General Meeting of the Medico-Psychological Association in London on February 17th.

Dr. Robertson has always been a firm supporter of the employment of women nurses for

the insane of both sexes, and largely owing to his enthusiasm "they now form a characteristic and firmly established feature of the modern Scottish system for the care of the insane." We hope to publish a considerable part of this valuable paper in due course.

Miss Annie W. Goodrich, of Teachers' College, Columbia University, recently President of the International Council of Nurses, has been appointed editor of the Department of Nursing in the *Modern Hospital*, owing to the resignation of Miss Mary M. Riddle, who has hitherto conducted it with such conspicuous

success, but has had to retire owing to ill-health. Several interesting questions are discussed this month. "The Prevention of Typhoid Fever Among Nurses," by Elmer H. Funk, M.D., would suggest that many more cases of this disease occur amongst the nursing staffs in the United States and Canada than at home. Typhoid fever in a nurse is usually the result of contact infection, and among fifteen cases cited, known contact was established in nine instances. The contact was of the nature of repeated exposure to infection in the direct nursing of a patient or a group of patients with the disease. . . .

Almost without exception it has been found in those hospitals

where prophylactic immunization is practised that the incidence of the disease has been reduced. Dr. Funk has grounds for thinking that a wider application of anti-typhoid immunization among nurses will result in a distinct reduction in the incidence of the disease among them; a reduction which has not been accomplished in the past by instruction in the application of sanitary measures alone. It should, however, never be used with the thought of minimizing the importance of sanitary measures, but rather as an additional safeguard which experience teaches



MRS. BEKENN.
President Queen's Hospital Nurses' League, Birmingham.

us is necessary, particularly among those who come in close and repeated contact with the disease.

The Central Council for District Nursing in London is holding its Annual Meeting on the 25th inst., at 11 a.m., in the Board Room of the Metropolitan Asylums Board, at its offices on the Victoria Embankment, E.C., when the first Annual Report of the Council is being presented, as well as the outlines of a Scheme for the District Nursing of Measles, German Measles, and Whooping Cough in London, the object of which is to secure the provision of timely nursing care—in proper relation to medical advice—with a view to saving the lives

PRACTICAL POINTS.

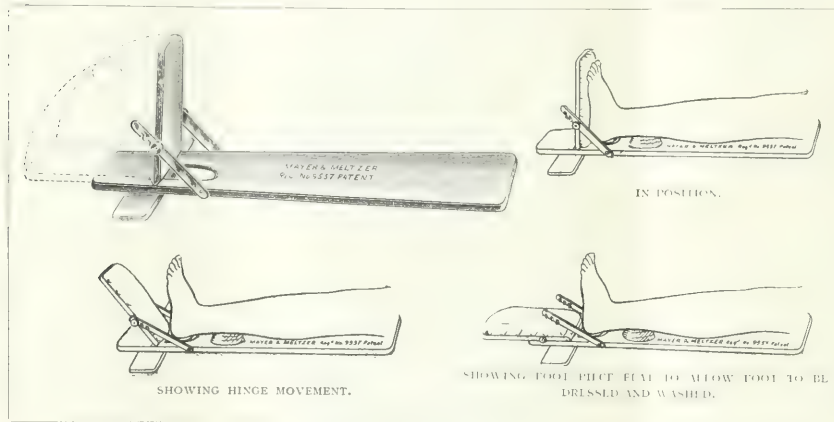
THE PASSING OF THE "HEEL SORE."

The practicability of the "Campling" splint should appeal to all those responsible for the care of our wounded, as it solves that ever-present nightmare of good nursing—the "heel sore"—by allowing constant free inspection of the heel, without disturbing the leg set in position, for possibly an indefinite period.

Apart from the nursing utility, it has the practical advantage of being easily packed for transit, and should form part of the ordinary ambulance outfit now so much needed.

It is also of especial advantage to our soldiers, avoiding as it does the possible risk of heel-sore and consequent delay in returning to the field.

The splint is supplied by Messrs. Mayer & Meltzer, 71, Great Portland Street, London, W., and is



CAMPLING'S BACK LEG SPLINT.

and preventing permanent injury to the health of young children attacked by measles and whooping cough.

It will be remembered that at the end of last year the Local Government Board issued a General Order for the notification of measles and German measles, and this has been taken into consideration in the outline of the scheme.

The need of a convenient publication whereby medical practitioners, hospital authorities, and public officials, and the public generally can get into touch with district nurses has been felt, and it is proposed that the Executive Committee shall be authorized to prepare and publish a Directory of District Nursing in London, and to incur the necessary expenditure for that purpose.

made in three sizes, 7s. 6d. each; or 21s. for the set of three.

Miss Campling, who was trained at the London Hospital, writes, "I have seen such terrible heel sores from the old fixed foot-piece splint that I designed this with the hope of its taking the place of that splint, and so ensuring comfort to the patient. Several doctors to whom I have shewn the model approve, so I have patented it."

NOTICE.

As we are now constantly asked if notices of nursing appointments, presentations, &c., are charged for, we beg to make it quite clear that no charge is made by this journal for inserting such items of interesting news. Items of news are an asset to every paper, and it pays to insert them free. We think nurses will be well advised not to pay nurses' papers for providing them with copy.

APPOINTMENT OF SECRETARY.

The Board of Management of the Norfolk and Norwich Hospital have appointed to the office of Secretary, Mr. F. Inch, who was one of the four final candidates selected after a numerous competition. Mr. Inch, who takes up his new duties early next month, has for the last three years been secretary and steward of the Walsall Hospital, which has ninety beds. Previously he was for seven years at Bristol Children's Hospital, and five years at Cardiff Hospital.

A NATIONAL ASSET.

At the annual meeting of Bovril, Ltd., the Earl of Erroll, K.T., who moved the adoption of the report, said that the net profits (with the exception of the Boer War year), constituted a record in the company's history. The introduction of new licensing laws was a helpful factor.

One speaker claimed that Bovril might be regarded as a national asset, and said that during the terrible journey of English nurses from Serbia to the Adriatic it was for days almost their only food.

BOOK OF THE WEEK.

"WHEN A MAN MARRIES."*

Mrs. Mann has a large and admiring public, and she keeps pace with its demands in a very energetic manner. Her stories are of a light description, and are always bright and wholesome in tone. We should be grateful to a writer who meets such a need, and who can always be thoroughly recommended to the young person. Her latest story deals with the happenings in the life of Marion Mott, who at the time the story opens lived with her parents at Mott Hall. The girl idolised her father, was irritated by her mother, and was petted and teased by the three pupils.

She says, "As far as I remember no pupil ever received instruction from my father, nor ever seemed to expect it. They were guests under a commodious roof tree; they had stables for their horses, kennels for their dogs, plenty of sport with the ferrets amid the rat-ridden old barns and out-houses all the year round." It was Otto, the paying guest in the house, who appealed to the child's imagination and ultimately won her enduring love.

"There came that detested day when my mother, taking me on one side had whispered solemnly that I, who was getting a big girl, was too old to sit on Otto's knee any more."

It was shortly after this that most unexpectedly Otto brought a young wife to share his life at Mott Hall.

Marion says (for the book is an autobiography), "At that callow period of my life I was, I remember, ill at ease with all women, I despised them for the emptiness of their lives, in which horses and dogs and sport of all kinds was not the primary object of existence and I felt they disapproved me and

censured my parents for having allowed me to grow into a hoyden, a tomboy without accomplishments, awkward and often ill-mannered." But for all this she was the centre and idol of her home. It might well be imagined that the advent of Otto's fascinating worldly little wife was a cause of intense jealousy.

"This little person with the exquisite finish, the small features, the small dark beautifully poised head, the trim neat figure; this girlish-looking thing with her confidence in her power of charming, her easy childish prattle, was a matter to reckon with. I hated her for taking Otto—our Otto of the good old days never to come again—now to my jealous fancy it seemed she was going to take all."

Otto's wife was as unscrupulous as she was fascinating, and after events caused trouble on the domestic horizon. Then Marion's adored father died, and she took up nursing as a sort of last resort for a penniless girl.

"Always tired I was at that period, always footsore, always oppressed by familiarity with the dreadful suffering around me from which I could not escape, and resentful of the menial tasks which alone were committed to me, always pining for lost freedom. Keeping on at the work, not for the love of it, or because of any special aptitude for it, but from a sort of despairing doggedness which took the place in me of fortitude; often I found myself occupied, not so much with thoughts of my patients, but with the more frivolous side of my experiences."

It is not to be surprised, with such a picture drawn of her attitude towards the profession she had chosen, that at the end of her training she did not follow it up. She found herself once more under the same roof as Otto and his wife, and once more succumbed to her old worship of the former.

Disaster follows her to the close of the book, when Otto is killed in a motor accident.

We believe that she was of too faithful a disposition to console herself with Noel's love, but we feel that as he was established in her old home at Mott Hall and was in every way desirable, it would have been a pleasant ending to the story. As it stands it is somewhat depressing.

H. H.

COMING EVENTS.

February 24th.—The Society State Registration of Trained Nurses. Meeting Executive Committee, 431, Oxford Street, London, W. 4 p.m.

February 25th.—Central Council for District Nursing in London: Annual Meeting, Board Room, Metropolitan Asylums Board, Victoria Embankment, E.C. 11 a.m.

February 26th.—League of the Royal Free Hospital Nurses: Winter Business Meeting, Royal Free Hospital. 3 p.m.

A WORD FOR THE WEEK.

Know, then, whatever cheerful and serene

Supports the mind, supports the body too;

Hence the most vital movement mortals feel

Is Hope; the balm and life-blood of the soul.

*By Mary Mann. Hodder & Stoughton.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

PRAISE FOR "THE BRITISH JOURNAL OF NURSING."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to acknowledge cheque for 5s., re Prize Competition, and for which I thank you.

I should like to take this opportunity to say that THE BRITISH JOURNAL OF NURSING has helped me on many points during my training. The high "tone" of the paper should ensure it a wide circulation.

May success shortly reward the fight for State Registration, which the paper so loyally supports!

Yours, &c.,

VIOLET RYOTT-DAWES.

Nurses' Home,
Camberwell Infirmary.

FIRM FOR STATE REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was deeply disappointed that it was impossible for me to attend the meeting on the 12th, as I should have warmly applauded all the first-rate speeches made in support of State Registration, as against any attempt to organize our profession on a voluntary basis. As a Military Nursing Sister holding a Bart.'s certificate, and with six years' added experience, I strongly protest against nursing being placed on a lower basis than midwifery. It took me three years' hard technical and brain work to gain my nursing certificate, and only three months' somewhat superficial obstetric work to gain the Central Midwives' Board Certificate. Yet the latter qualification, which any village nurse can obtain, gives me legal status, whilst all my highly skilled scientific nursing work counts for nothing! May I express the gratitude of many nurses in this hospital for the firm stand taken by yourself and the other speakers at the meeting; we were pleased to see Miss Musson proposed the State Registration resolution. As an Army Sister, I am not supposed to take part in politics in the press, so will sign myself

A MEMBER OF THE BART.'S LEAGUE.

THE POWER OF THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Much to my regret I could not attend the National Council Meeting and vote for legal registration as against the suggested and useless scheme of nursing organization, but when I read last week's JOURNAL I realised more than ever what it means for the nurses to have their own voice in the press which stands firmly for principles. The truth is, we should have been

crushed out ages ago, if it had not been for THE BRITISH JOURNAL OF NURSING. You have my warmest thanks—also Miss Breay—and your able helpers, Miss Kent and Miss Hawkins—who, week by week, give their support to the "voice." This is my first letter to the press, but we must all do "our bit" now.

Yours sincerely,

Emerald Isle.

MARION S. GROGAN.

ALL BRITISH NOWADAYS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the JOURNAL for February 12th, page 139, Lord George Hamilton is reported as saying that he "believes it is universally admitted that the English woman is the best nurse in the world, and wherever she has gone, be it in France, Egypt, or the wilds of Serbia, the English nurse has covered herself with distinction." Well, according to the newspapers we see in this part of the world, it is the members of the Scottish Women's Hospital who have "covered themselves with distinction in Serbia."

The nurses of the whole Empire are giving of their best in this great War. South African, Australian, New Zealand, and Canadian, but these are British, not English nurses. And there seems no reason to doubt that had any of these been in Serbia under the same terrible conditions their behaviour would have been equally splendid. But after all the point to my mind seems to be not that the adventurers were English, Scotch or Irish. The point is that they were women and show the world the stuff that is in womankind.

I am, yours faithfully,

E. HORTON.

10, Claremont Terrace, Glasgow.

[We are all British nowadays, and no doubt Lord George Hamilton meant to include all the splendid Scottish nurses when praising work in Serbia.—ED.]

REPLIES TO CORRESPONDENTS.

Writer of letter signed L/C. U. P. M., General Hospital, Egypt, must send name and address, not for publication.

OUR PRIZE COMPETITIONS.

March 4th.—Give directions for giving medicine so as to prevent accidents.

March 11th.—(a) What is intestinal colic? (b) What are the common causes? (c) What is the usual treatment?

March 18th. Why has the Cocaine Habit such ruinous results to health?

March 25th.—What care should refrigerators receive? How would you preserve ice?

FRENCH FLAG NURSING CORPS.

Candidates can be interviewed on Friday, 25th, and Thursday, March 2nd, at 431, Oxford Street, London, W., 2.30 to 4.30 p.m.

The Midwife.

CENTRAL MIDWIVES BOARD.

PENAL CASES.

Special meetings of the Central Midwives Board for the hearing of charges alleged against certified midwives were held at the Board Room, Caxton House, Westminster, on Thursday, February 17th, and Friday, February 18th, at 11 a.m. Sir Francis Champneys presided.

The results were as follows:—

THURSDAY, FEBRUARY 17TH.

Struck off the Roll and Certificate Cancelled.—Ann Kitch (No. 16590), Mary Ann Woods (No. 8281).

Censured.—Lucy Clark (No. 36006).

Sentence Postponed.—Elizabeth Plummer (No. 590).

In the fifth case the charge against the midwife was that, upon divers occasions between the 1st day of June and the 31st day of August, 1915, she attempted to procure the abortion of a woman. The midwife attended before the Board with her solicitor.

In opening the case Mr. Bertram said that the only evidence to offer in this case was hearsay evidence, and he must ask the Board whether they would admit it before he proceeded further. It was the statement of a trustworthy person to a third party—the inspector of police—and was evidence which would not be accepted in a Court of Law. He reminded the Board that it had been intimated by the Lord Chief Justice in the case of *Feldman v. the Central Midwives Board* in the High Courts that he was not prepared to say that the Board must act on the strict rules of ordinary legal procedure.

The solicitor for the midwife said that Mr. Bertram had very properly advised the Board that there was no evidence to place before it which could be called evidence. The police had been told to investigate the case, but when it came before the local magistrates the witnesses did not come up to proof, and refused to make statements. One witness said in court "It is a lie. I never said it," and the statement of the woman concerned, on oath, was "the midwife done me no harm." He did not know how the case originated, but when the witnesses were subpoenaed, brought to court, and sworn they did not substantiate their statements. When witnesses are available, and are brought to a court of justice, and do not substantiate their statements there is no case.

Mr. Bertram said that the solicitor of one of the possible witnesses stated that he could not allow his client to involve herself in proceedings which might have such grave consequences.

The Board then deliberated, and the Chairman subsequently stated that the Board had very carefully considered the case, and had come to the conclusion that there was no evidence available such as the Board could admit, therefore they could not proceed further with the case.

Of the two midwives who were struck off the Roll one was seventy-one and the other seventy-three years of age. We think that when midwives arrive at the age when they are entitled to an Old Age Pension they should be required to cease practice, as it is obviously not in the interests of the patients that they should continue to do so.

In the case of Midwife Clark, who did not advise that the attendance of a medical practitioner was required in a case of serious rupture of the perinaeum, the midwife accounted for not noticing it by saying she was upset by the difficult circumstances of the patient's family. Mr. Bertram explained that the patient was an unmarried girl, another unmarried sister was shortly to be confined, and the mother had just come out of prison.

The Chairman said the midwife admitted she had done wrong and that was the best thing she could have done. The Inspector (Miss S. J. Wood, Inspector of Midwives for Somerset) thought that it was a single lapse in a good career. A neglected ruptured perinaeum was a serious matter, both on account of the discomfort to the patient and the risk of septic trouble. The Board therefore decided to censure the midwife.

The Chairman thanked the Inspector for presenting this and another case so well.

FRIDAY, FEBRUARY 18TH.

Struck off the Roll.—Linda Laura Ball (No. 26739), Amelia O'Sullivan (No. 8861).

Censured.—Emily Diana Curtis (No. 23321), Mary Caroline Harper (No. 11300).

Sentence postponed for Report from Local Supervising Authority in Three and Six Months.—Francis Louisa Bracey (No. 31514).

Resignation Accepted.—Susannah Dory (No. 20325).

One case was adjourned.

The case of Bertha Flemming was not heard, owing to the lateness of the hour. Six out of the eight cases belonged to London.

In the case of Midwife Bracey, against whom there were two charges of negligence, she said in reference to the second case that it was one sent to her by the Royal Maternity Charity which did not guarantee the washing of the mother or of the infant, except at birth, unless an extra fee of 2s. 6d. was paid. In this case the mother of the patient had washed her, and the Inspector had directed the midwife to leave antiseptic for this

purpose. The Inspector admitted this and said that she had a great deal of trouble in this respect with the cases under this Charity, and there were numerous complaints from patients in consequence.

The Chairman held that the rules of the Royal Maternity Charity could not over-ride those of the Central Midwives Board, which laid down definite directions for the washing of the patient antiseptically. This he said could not be done by an incompetent person.

The case of Midwife Curtis included charges of ruptured perinæum and retained placenta, which were not notified in the prescribed manner. The case was defended.

The midwife's defence was a denial that the perinæum was torn, in spite of the evidence of a medical man to the contrary. The doctor whom she called in made no remark upon it when he examined the patient, and it was only upon the patient's removal to Whipps Cross Infirmary that anything was said on the subject.

The patient died and an inquest was held. It was stated that at this infirmary all midwives' cases of death from puerperal fever are the subject of an inquest.

In the case of Susannah Dory who stated that she was eighty-one and in receipt of the old age pension, and who seemed in a shaky condition, the charge was that owing to neglected retention of urine the patient had died from uræmic coma. She stated that she wished to have her name removed from the roll, and the Chairman sympathetically told her that in future she would be free from inspection.

The charge against Midwife Harper, who was defended, was that she had given a certificate of still birth, whereas in truth and in fact the child had been born alive. The mother of the child, who was living with a man not her husband was present and asserted that the child, a B B A, had twice cried. It died before the arrival of the midwife. There was much conflicting evidence, but the Chairman said they had come to the conclusion that the child had breathed and pointed out to the midwife that she was not entitled to say the child was still born if she were not present at the birth. In answer to an argument that the mother's evidence could not be taken as credible because she had falsely affirmed that this was her first child, Mr. Bertram held that the woman was entitled to withhold evidence of her former life. The Coroner's officer was in attendance.

The case of Midwife O'Sullivan was complicated, inasmuch as it dealt with a charge of leaving the patient before the expulsion of the placenta, the midwife being engaged with two patients in labour at the same time. Whilst engaged with her first patient the midwife was called to the second, for whom she was not engaged, and whom she delivered with twins. Before completing this case she was recalled by an urgent summons to her first patient. The second patient died of puerperal convulsions, though the medical

attendant would not say they were caused by the retained placenta.

In this case the midwife asked leave to resign, as she felt her competence was failing after forty-seven years of practice.

Sir Francis Champneys: She ought to have done her best to procure another midwife or doctor. And the other charges of negligence being proved, the midwife was struck off.

LECTURES ON INFANT CARE.

The fifth lecture in the Advanced Course on Infant Care was delivered at the Royal Society of Medicine on February 21st by Eardley Holland, Esq., M.D., F.R.C.P., on the subject of "The Effect of Venereal Disease on Pregnant Women and on Children."

The lecturer began by saying that it was rather difficult to give such a lecture to an audience which he understood was composed of health workers, mothers, and teachers, and whose knowledge of things medical must be less than elementary.

It might be said that it was not a subject to be laid before such an audience, but it must not be regarded in a falsely righteous, falsely moral, or falsely religious spirit. It was necessary to face the truth, bear the consequence, and find the remedy. He began with giving a brief survey of the effects of gonorrhœa, and pointed out the difference in its effect on the child between it and syphilis, in the former case the infant being infected at birth and not previously, and in the latter being infected as it lay in the uterus.

He concluded his lecture with comments on the amazing attitude of our legislature on this subject, and the causes that accounted for this attitude. He impressed upon his audience that except in the case of trained nurses or midwives there was little or nothing that they could do, and above all they must never attempt to diagnose this condition. But it was the duty of everyone to acquaint themselves with this subject, the effects of which were such a terrible curse to the nation.

MEMORIAL TO THE L.G.B.

The Women's Local Government Society has sent a memorial to the President of the Local Government Board, urging that pressure should be exerted on those local authorities which are least conscious of the need for the co-operation of women in maternity and infant welfare. The memorial says:—

"We venture to suggest that local authorities whose schemes have not as yet been approved by the Board might be advised by circular as to the provisions of some of the best local schemes and might at the same time be informed that no scheme will be approved by the Board which does not make full provision for the co-operation of women on committees and sub-committees for the care of mothers and young children."

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EDITORIAL.

THE NURSING OF MEASLES AND WHOOPIING COUGH.

The advantage of a Central Council for District Nursing in London, which, as we report in another column, presented its first annual report at the meeting held on February 25th at the offices of the Metropolitan Asylums Board under the chairmanship of Sir William Collins, was demonstrated in two important directions (1) the drafting, by its Executive Committee, of the outlines of a scheme for the district nursing of measles, German measles and whooping cough in London, and (2) the decision arrived at to prepare and publish a Directory of District Nursing in London.

In July of last year the Executive Committee of the above Council submitted a report to a meeting of that body showing that in a period of five years (1905—1909) measles alone caused in London 9,301 deaths, while all the infectious diseases ordinarily notifiable (small-pox, scarlet fever, diphtheria, enteric fever, etc.) caused but 8,585 deaths; further, that in the epidemic year 1911, there were 2,570 deaths from measles in London, and 1,038 from whooping cough, and that these were almost entirely deaths of little children, thus out of 2,361 deaths from measles in 1909 only 123 were of persons over five years of age, that the mortality increases in proportion to overcrowding and poverty, and that, moreover, this mortality is not a complete index of the mischief wrought, for measles is a frequent cause of retarded growth and development, and of ill health, often lighting up latent tuberculosis, added to which deafness and defects of eyesight are in many instances attributable to it.

The report further expressed the belief that "the greatest scope for saving life lies in the more complete medical attendance,

and in skilled nursing, and supervision of patients treated at home.

"In this the District Nursing Associations of London, by their experience and organization, are especially qualified to take part, and local authorities, desiring to provide for their poorer inhabitants, may, in the case of Borough Councils, do so by arrangement with the Associations under powers conferred by the Poor Law Acts."

Some difference of practice in regard to attendance by district nurses upon measles and other infectious diseases was found, and also that difficulty occurred, by reason of restrictions laid down in the rules of the Associations in obtaining the services of a nurse for these cases. The Committee advised that, "given suitable training and special instruction, district nurses, acting as they do under rule and supervision, may safely be trusted to undertake the nursing of measles, German measles, and whooping cough in the course of their ordinary work."

The scheme now outlined has been drafted in accordance with instructions from the Council, the preparation being to some extent delayed by reason of the decision of the Local Government Board to issue an order for the compulsory notification of measles, the object of the scheme being to secure the provision of timely nursing care—in proper relation to medical advice—with a view to saving the lives and preventing permanent injury to the health of young children attacked by measles or whooping-cough. In putting this scheme into operation the Directory of District Nursing which is to be compiled should be of considerable value, as it will enable those interested to ascertain where to apply for the services of a district nurse in any part of the metropolis, and thus assist in co-ordinating the work of hospitals and public health workers with that of district nurses.

OUR PRIZE COMPETITION.

GIVE DIRECTIONS FOR GIVING MEDICINE SO AS TO PREVENT ACCIDENTS.

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Three essential qualifications required in those who have the responsibility of giving medicine are:—(a) Accuracy in methods of administration; (b) knowledge of the nature of medicine given; (c) observation of its effect upon the patient to whom it is given.

(a) In giving medicine by mouth the directions on the label, which should include name, dose, and time, should be carefully read each time of giving; the medicine well shaken before pouring out, otherwise the proper dose in a mixture would not be given, and a disproportion of one drug would be left at the bottom of the bottle, with disastrous results later on; the exact dose should be poured into a perfectly clean, well-marked measure glass, the label side of the bottle held upwards to prevent soiling the directions; in giving drop medicines, a minim measure must be used, a safe and convenient method when only one or two drops are ordered is to measure ten drops, make up with water to five drachms, when each drachm will contain two drops of the medicine required; the patient must not be left till the medicine is taken. The measure glass should be at once washed and sterilized, and the medicine bottle returned to its proper place, as if left within sight and reach of a child or demented patient, the disaster of poisoning or death might result.

In giving hypodermic injections, the syringe should be in perfect working order, the needle neither blunted or blocked; sterilized immediately before use, as a dirty needle might cause an abscess; all air expelled from the syringe, which should have a regulator; if not, the exact dose only must remain in the syringe before it is given, and a second person observe and check the measured dose, and should also watch the patient, who, if obstreperous or startled with the stab of the needle, might lead to its being broken, or may be driven into a vein, and, as highly concentrated drugs are used in this way, the effect on the heart might produce alarming symptoms. After using, syringe should be at once emptied, cleaned, and put away ready for use.

In giving medicated or vapour baths and inhalations, the patient must be protected against the danger of burning or scalding, and must not be left alone during the process, in

case of faintness. A nozzle of a bronchitis kettle should have a drip tin or shield to protect patient from drops. Lamps used for kettles and vapour baths should be secure in their stands and carefully filled to avoid a flare from overflow of spirit when lit.

(b) An intelligent knowledge as regards the action of medicines, and abbreviated terms in use should be known, such as *Semel*=once; *S.O.S.*=if necessary; *P.R.N.*=when occasion arises; *A.C.*=before food; *P.C.*=after food; and so on. Drugs such as iron and arsenic are given after food on a full stomach, as they have too irritating an effect otherwise. Cod liver oil and tonic mixtures usually twenty minutes after food to avoid nausea and vomiting. Those which stimulate appetite, such as quinine, one hour before food. It should be remembered that some patients have an idiosyncrasy towards certain drugs, the opposite effect being produced from that intended, when a further dose should be withheld and the medical practitioner informed; also that children bear certain drugs, such as opium, badly.

(c) The habit of observation of the effect of the medicine on the patient should be always practised, as even when small doses are administered untoward symptoms may speedily arise in a susceptible patient. Symptoms of overdose of potent drugs, such as arsenic, digitalis, mercury, opium, and others which have an accumulative effect in the system, should be at once notified, the onset and nature of symptoms being noted down at time of occurrence.

There should be method in the keeping of medicines. Those for external use, such as liniments and lotions, should be kept in a separate cupboard or distinctly apart from medicines proper which are introduced by mouth or direct means into the system. All poisonous and highly concentrated drugs should be kept under lock and key, and after use should be immediately replaced.

Drugs which are liable to decompose or keep badly should not be stored up, and used without testing whether they are properly clear and aseptic, especially those used for hypodermic injections.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. O. Halford, Miss E. Brodie, Mrs. Farthing, Miss L. C. Cooper, Miss D. Vine, Miss E. E. Hall, Miss M. Cullen.

QUESTION FOR NEXT WEEK.

What is intestinal colic? What are the common causes? What is the usual treatment?

SYPHILIS IN RELATION TO DEAD-BIRTH AND INFANT MORTALITY.

THE EFFECT OF SYPHILIS ON THE FŒTUS.

By EARDLEY HOLLAND, M.D., F.R.C.S.

(Continued from page 179.)

If a syphilitic woman becomes pregnant, the effect of the disease on the fœtus is either:—

1. The death of the fœtus in the uterus at about the seventh month, and the birth of a macerated syphilitic fœtus.

2. The birth of a living infant, at a near full-term, presenting all the signs of congenital syphilis.

3. The birth at full term of an apparently healthy infant, who develops congenital syphilis in a few weeks or later in life.

Why does the effect of syphilis in the infant present these variations? There is more than one reason, but the chief of them is the relation the date of infection of the mother bears to the time of conception. As regards this point, we may recognise three groups of cases:—

1. Pregnancy may occur in a woman who is already syphilitic.

2. Syphilis may be acquired at the same time as conception occurs.

3. Syphilis may be acquired some time during pregnancy, in the early or the late months.

If a woman is infected with syphilis at the time she conceives, the result is almost invariably the birth of a macerated syphilitic fœtus, unless, of course, she is treated. The same is true for a woman who acquires syphilis in the early months of pregnancy. If a woman conceives at an interval after she has become infected, the effect on the fœtus varies with the intensity of her disease; if the interval between infection and pregnancy is a long one, and the disease is in a mild stage, she either gives birth to a macerated fœtus or to an apparently healthy infant who later shows signs of the disease. If the interval is a short one, or the disease is still in a very active stage, she gives birth to a macerated fœtus. But there is no rule, and it is not easy to say why one woman will give birth to a macerated fœtus, and another, in apparently the same stage of the disease, will give birth to a full-time infant, who only develops the disease after an interval.

Syphilis is far the commonest cause of death of the fœtus in the uterus and the birth of a macerated fœtus. About 50 per cent. of all macerated fœtuses are syphilitic. The other chief causes are albuminuria of pregnancy and Bright's disease. It is impossible by examining the external appearance of a macerated fœtus

to say whether its death has been due to syphilis or not. On careful post-mortem examination its organs reveal changes which the expert eye may recognize as syphilitic. The most characteristic of these is a change at the ends of the long bones, at the junction of the bony shaft and the cartilage. This junction is normally represented by a straight line; in syphilis the line is thick and irregular. The other two chief things to be noticed are that the liver and spleen, especially the spleen, are considerably enlarged.

The only real test is to examine the organs microscopically, especially the liver and spleen, for the *spirochaeta pallida*. When these are found the diagnosis of syphilis is, of course, certain.

A peculiarly sad effect of syphilis is the repeated birth of macerated fœtuses. This is known as "habitual death of the fœtus," and I have known it repeated in as many as seven consecutive pregnancies. I do not want you to think that all cases of "habitual death of the fœtus" are syphilitic, but by far the majority of them are. A characteristic thing is often noticed in these cases, which shows that the disease may gradually die out: we often meet with women who give birth to one or more syphilitic macerated fœtuses, then to a living infant with signs of the disease, and finally to an apparently healthy infant.

Another way we are told we can recognise syphilis is by the examination of the placenta. The placenta is said to be heavier than normal in proportion to the weight of the fœtus. Normally the placenta weighs about one-sixth of the weight of the fœtus, whereas in syphilis it is said to weigh as much as one-fourth or even one-third. I have not found this increased weight of the placenta at all constant; in fact, I have found that as a rule the placenta is very little increased in weight. On microscopic examination of the placenta, more characteristic changes are often found. But, in my opinion, it is impossible to say that the case is one of syphilis or not, from the examination of the placenta.

MODE OF TRANSMISSION OF SYPHILIS TO THE FŒTUS.

Our views about the way the germ of syphilis is transmitted to the fœtus have undergone considerable change of late years. At one time it was thought that the ovum of the mother could be directly infected by the spermatozoon of the father. This theory supposed that the ovum, and hence the fœtus only, was infected, and that the mother often escaped infection entirely. This theory received support from the often noticed fact that a woman, who seemed

entirely free from syphilis, could give birth to syphilitic children.

The discovery of the Wassermann reaction and of the *spirochaeta pallida* has taught us that this view is wrong. Every woman who gives birth to a syphilitic foetus or infant gives a positive Wassermann reaction. This teaches us that such a woman herself has syphilis, although she has the disease in such a very mild form that she shows no signs of it. In fact, she has it in such a mild form that her only symptom is the birth of syphilitic children.

We now know that every woman who gives birth to a syphilitic infant is herself syphilitic: without syphilis of the mother there cannot be syphilis of the child. How is the child infected by the mother?

If a woman has syphilis, her blood and organs contain spirochaetes, and there is abundant opportunity for the developing ovum or foetus to be infected by the spirochaetes lying in the wall of the uterus or by spirochaetes passing through the placenta from the maternal to the foetal blood. In those cases where the mother acquires syphilis during pregnancy, it is obvious that the foetus is infected by the passage of spirochaetes through the placenta.

CONGENITAL SYPHILIS IN INFANTS.

So far as I have now gone, I have told you about the mode of infection of the foetus and about the dead-born syphilitic foetus. I have now to tell you something about the infants who are born alive, and who manifest the disease, either at the time of birth or at a more or less long interval after birth. When syphilis is thus transmitted to the offspring, we call it *congenital* or *inherited* syphilis. Such infants are always born with syphilis in so far as the germs of the disease are present in their blood and tissues; all cases of congenital syphilis are thus syphilitic from birth. But by no means all show signs of the disease at birth. By far the majority are born apparently healthy, and only show signs after an interval, which may vary from three weeks to three months. The signs of the disease may not even appear until the child has reached the age of puberty—"late congenital syphilis." Congenital syphilis resembles the acquired form, the chief difference being that the congenital form is a general infection from the beginning, and has no local lesion or chancre, like the acquired form. Congenital syphilis is a more severe disease than the acquired form; the tissues of the infant are not fully developed, and fall an easy prey to the poison; the mortality is therefore high, whereas death is extremely rare in the acquired form.

Some syphilitic infants die a few hours or a few days after birth. Such infants are poor, thin, and marasmic, with dry, wrinkled skin, and get attacks of cyanosis.

The signs of congenital syphilis are many, and nurses and midwives cannot be expected to know all of them. After you have seen a few cases, it is wonderful how quickly you will develop a cultivated instinct for spotting them. Most of them present an easily recognizable picture, and after you have seen a few cases, you will seldom fail to diagnose them. These characteristic signs may be enumerated briefly as follows:—

- (1) The infant becomes pale and anæmic.
- (2) It loses weight for no apparent reason.
- (3) Skin rashes appear. These affect the whole body, but show a special predilection for the soles and palms, the genitals and the anus. The rashes are of a brownish tint, and take the form of papules, pustules, blebs, or larger plaques.
- (4) Catarrh of the mucous membrane of the nose, giving rise to "snuffles."
- (5) Later signs, such as condylomata, especially around the anus, changes in the bones, leading to swellings at the joints or on the shafts of the long bones; necrosis of the nasal bones, leading to the characteristic sinking in of the bridge of the nose; perforation of the palate, and many others too numerous to mention.

(To be concluded.)

WE WELCOME A NEW LEAGUE.

The formation of Nurses' Leagues is one of the most vital movements in the nursing profession at the present day. We are glad to know that in June, 1914, the Matron of St. Bartholomew's Hospital, Rochester, was asked by former nurses to form a League of its certificated nurses. War broke out before a meeting could be called, and this has only now been arranged.

A meeting of trained nurses working in the hospital, with others who have gone out from its school into the world, was recently held at the hospital, when it was unanimously decided to form a League of St. Bartholomew's Hospital Rochester Nurses, and the Matron, Miss Pote Hunt, was elected President. The qualification for membership is the three years' certificate of the hospital. Copies of the Constitution and Bye-laws, with all information, may be obtained from the Hon. Secretary at the hospital.

NURSING AND THE WAR.

The King held an Investiture at Buckingham Palace on the 23rd ult., and the following ladies had the honour of receiving the Royal Red Cross (First Class) from His Majesty: Miss Sarah Swift, Mrs. Corner, Miss Effie Roberts, Mrs. Furse, the Viscountess Esher, and Lady Oliver.

We have pleasure in publishing the portraits of two notable Matrons who have recently received the decoration of the Royal Red Cross from the King: Miss Melrose, Matron of the Royal Infirmary, Glasgow; and Miss Steele Innes, Matron of the General Infirmary, Leeds.

Miss Janet Melrose, R.R.C., the well-known Matron of the Royal Infirmary, Glasgow, received her training in that fine nursing school under Mrs. Strong, and after holding various positions of responsibility, was appointed Matron, and all who know Miss Melrose will realise the wisdom and success of this appointment. It will be remembered that during her tenure of office the Infirmary has been practically rebuilt, and that the new building was opened by the King a few years ago. The duties connected with the supervision of the Nurse Training School, as well as of the domestic department of the great institution would fully occupy most people, but Miss Melrose, as Principal Matron of the 3rd Scottish General Hospital (T.F.) at Stobhill, keeps all the threads of that work in her hands also, and is frequently at the hospital, and withal finds time to show most charming hospitality and courtesy to the stranger within her gates. Miss Melrose is well known to the nursing profession at large, as she attended the International Congress of Nurses in Cologne in 1912, and so came into contact with representative nurses from all over the world.

Miss E. Steele Innes, R.R.C., is the Principal Matron of the 2nd Northern General Hospital at Leeds. Miss Innes was trained at the General Infirmary, Leeds, where she subsequently held various positions of responsibility. She was then appointed Assistant Matron, and later Matron at the Royal Infirmary, Halifax, returning to the General Infirmary, Leeds, as Matron on the resignation of Miss Fisher. Miss Innes has been

a Principal Matron in the Territorial Force Nursing Service since its foundation.

Mrs. Alec Tweedie, in spite of her own grief for the loss of a dear young son at the front, is still interesting herself in her Hut Scheme, which has grown apace. She has received various contributions from nurses, and now suggests that if nurses in hospitals and institutions will each subscribe 1d. and send her the result to 30, York Terrace, Harley Street, W. (cheques crossed London County and Westminster Bank, marked "Nurses' Fund"), she thinks it would be a very good idea when sufficient money had been collected to put up a Hut for our fighting men and call it "The Nurse."

So many more Huts are still required that it would be possible to name some after particular towns, fallen soldiers, or groups of workers like the Farmers, the Navy, the Nurses, the Boilermakers, or the Leather Workers.



MISS JANET MELROSE, R.R.C.,
Principal Matron, 3rd Scottish General Hospital.

Miss Maude Blakely (Queen Alexandra's Imperial Nursing Service) has been appointed Assistant Principal Matron in France. Miss Blakely has had considerable experience of army nursing, having served in Egypt and elsewhere. Prior to the War, she was a Matron of a military hospital in Cork. She has seen a great deal of service in France, and was mentioned in Viscount French's first despatch and also in his last despatch, while she has also been awarded the Royal Red Cross

decoration.

Miss H. B. Hanson, M.D., who has spent six months in Serbia, chiefly at the Scottish Red Cross Mission at Kragujevatz, gave some of her impressions at the Royal Society of Arts, on the 23rd ult. One of her most poignant memories was the death of Mrs. Percy Dearnier. She said: "After Mrs. Stobart had been out some weeks an epidemic of typhoid ran riot amongst us. Seventeen of our members contracted it, while three died. Amongst these latter, an irreparable loss both to her personal friends and to the world at large, was Mrs. Percy Dearnier."

"This illness was not considered so infectious as typhus, so we were allowed the use of the cathedral for the funeral. Most graciously we were permitted to use the English service in one instance, and the fact that an Anglican service

was being held in an Eastern church made a very unpretentious service an historic event. In Mrs. Dearmer's case the service was Eastern, conducted in Serbian, and as the coffin was borne down the cathedral steps an English-speaking Serb made a funeral oration, addressing the deceased and saying how she had lived '*sans peur et sans reproche*, and died as bravely as any soldier.' Emphasis was laid on these words by the fact that the authorities had set up for her a hearse usually reserved for officers, on top of which shone the upper half of a suit of armour, and they also sent—to burn beside her all the previous day—a beautiful silver candlestick. The procession that followed her to the grave was nearly a quarter-of-a-mile long."

A Rest Room for Army Nurses and Sisters

was opened at the White Rose Café, at Southampton, by the Mayoress last week. A large gathering of ladies was presided over by the Hon. Mrs. Eliot Yorke, and supporting her were Lady Emma Crichton, the Mayor of Southampton (Alderman W. J. Dacombe), Mrs. Wainwright (Hon. Secretary of the Rest), Miss Coaling (Superintendent, Queen Victoria's Jubilee Nursing Institute), and others. The Hon. Mrs. Eliot Yorke explained the objects of the gathering, and expressed her deep sympathy with the movement to provide a Rest Room for the noble women who were employed on the hospital ships, ambulance trains, and in military hospitals. That room had been opened so that they might go there for rest and refreshment. The Mayoress said that she had pleasure in declaring the Rest Room open, and hoped that it would be very helpful to the nurses. The Rev. Reginald Groom said that the idea of opening a Rest Room occurred to Mrs. Wainwright, who had appealed to Queen Alexandra. The Queen-Mother had graciously replied, expressing keen interest in the work, which she wished every success, while enclosing a handsome subscription towards the expenses. Lady Emma Crichton said that she took a very great interest in all hospital ships, as well as in hospital work generally, and she also met with many sisters and nurses engaged in Red Cross work. She thought it was needful there should be some Rest locally to which they might go, and she wished

the venture every success. They were very grateful to Mrs. Wainwright and the Hon. Mrs. Eliot Yorke for their work. Miss Coaling gave a most interesting account of her experiences and work while nursing sick soldiers in Serbia. She was one of the first British Farmers' unit which proceeded to Belgrade with the object of tending the soldiers of our Allies who were suffering from typhus fever. In her address Miss Coaling spoke of the dangers through which she passed in her travels, and of the plight of the stricken people of Serbia. The proceedings closed with votes of thanks proposed by the Mayor.

The Nurses' Club recently opened at 82, Brunswick Street, Sheffield, is becoming increasingly appreciated by the nurses from the various hospitals. Tea is served in the premises

by the owner, Mrs. Marsh, who takes a keen interest in the comfort of the members. A charming bedroom is to be set aside for use of members. It is thought that some of the Matrons may be glad to get right away from their work for occasional week ends. Miss Payne, the Hon. Secretary, hopes to provide a piano as so many nurses are musical, and would greatly appreciate it.



MISS E. S. INNES, R.R.C.

Principal Matron, 2nd Northern General Hospital, Leeds.

The sixth annual meeting of the committee of the South Midland Division of the Territorial Force Nursing Service was held at the Birmingham Council House last week, under the presidency of the Lady Mayoress (Mrs. Neville Chamberlain).

The Principal Matron (Miss E. M. Musson) reported that on January 1st, 1915, the First Southern General Hospital occupied one building, the University, and had a total of 800 beds and an out-patient department. On January 1st, 1916, five different buildings were occupied, with a total of 3,345 beds, and the same out-patient department. The number of patients treated was 30,501—officers, 235; men, 30,266. The number of patients treated at the out-patient department was 9,827. The results of treatment had been very satisfactory; the number of deaths was 95, or 0.32 per cent.

The Lady Mayoress, in moving the adoption of the report, said they were all united in the greatest admiration for the work which had been under-

taken by the Service all over the country, and especially in Birmingham. Birmingham's was the second largest unit in the country, and they had good reason to be proud of it. She expressed their regret at the loss they had sustained in the death of Miss Buckingham, and their great appreciation of the splendid work which had been undertaken by Miss Musson and her staff.

The Mayor of Bath writes to say that Miss Hope, 10, Circus, Bath, will be glad to help nurses, suffering from rheumatism and kindred complaints, who have lost health on active service, for which the Bath waters provide such wonderful relief and cure, to find suitable accommodation in the way of board and lodging. Nurses have found this a great difficulty.



HOSPITAL TRAIN STAFFED BY INDIAN ORDERLIES.

INDIAN ORDERLIES EXCELLENT.

Writing from Egypt a Sister who in the early days of the War worked amongst the Indian sick and wounded, and others, says that one of her chief duties was to train the Indian orderlies for their duties in nursing in any emergency which might arise and that when the sick and wounded arrived from the Dardanelles it was proved how valuable the training had been. "They certainly repaid us, for they were very good." She writes of the terrible shortage of skilled nurses, and excepting for the Indians, she had no trained help as Night Sister. When the first rush of wounded were landed she writes that the help of the volunteers was splendid. They did as they were told, fetched and carried. "There was not time for frills." Later this Sister worked on a hospital train staffed by Indians, and found them admirable.

NURSING A DEAD ART.

The rumour that it is proposed to stop Army Sisters' allowances has aroused a very sore feeling amongst many of the Sisters abroad. One writes: "You know there has been a rumour of our getting all our allowances stopped and only the £40-£50 a year being paid to us. It is being settled now, I believe, and the nurses are very indignant and most of them say they will resign if this injustice is done. You know that all the V.A.D.'s get the same allowances as we do, and we highly-trained nurses only get paid £1 13s. 4d. a month more than they do. The whole salary and allowances come to £15-£16 a month, and that means that every V.A.D. sent out costs the country nearly £15 a month."

"If I were a nurse in any of the home hospitals,

I would a thousand times sooner come out here as a V.A.D.; they get the same work exactly, and their pay is very little less.

"Nursing is a dead art, and if hundreds can qualify in three months, it was devilish of those hospital authorities at home to demand four years of the best years of our lives, and the whole strength to the limit of our mind, body and spirit, all for the sake of doing what hundreds of young girls are now highly paid for doing, after spending at the most three months in hospital wards—or in many cases without hospital experience at all. It has made many of us bitterly indignant.

"This reduction of salary they are trying

to effect with the nurses in France they would not dream of attempting with the medical men—only with the women, who have little time for recreation and relaxation from exhausting duty, and who work much harder than the doctors. Men combine against such injustice, but women have not the courage to combine, poor things. They are so helpless; many have no homes or money."

The Queen Alexandra Hospital, situated in the splendid Dmitri Palace at Petrograd, has been opened with much ceremony in the presence of the Dowager Empress and other members of the Imperial Family. Miss Irving-Robertson, trained at St. Bartholomew's Hospital, is the head of the nursing staff of some thirty members, several of whom have a good knowledge of the Russian language.

FRENCH FLAG NURSING CORPS.

The "Cake Shower" was quite a success. Eight competitors sent beautiful cakes, and the prize of 5s. was divided between Miss Boge, Superintendent Q.V.J. District Nurses' Home, Shoreditch, who brought a beautifully iced cake made by herself, decorated with a bunch of pink and white carnations, with angelica stalks, and tied with green ribbons. On a miniature French flag was inscribed "From the Shoreditch Queen's Nurses." The second prize cake was given by Miss M. Harvey, R.N.S.; it was iced, and in national colours the British and French flags were realistically presented. This cake was dedicated "*Pour nos sœurs de F.F.N.C.*" A beautiful "Bristol Cake" was sent anonymously, and others were received from Miss Hessee, Miss Breay,

most useful parcel—24 pairs socks, 4 shirts, 1 nightshirt, 3 vests, 3 bed-jackets (greatly in demand), 2 pairs slippers, 4 operation socks, 1 body belt, 1 knitted waistcoat, 2 scarves, and 2 pairs mittens.

Nerves are now in a high state of efficiency, and apparently well under control. A Sister writes from the war zone: "I see in the papers that it is reported that F. was bombarded, but it is not true. We only had a Taube dropping bombs on us on Monday night and Tuesday morning, and fortunately no one was hurt." We like that *only*.

Presents intended for Christmas arrived at Talence in time for distribution on St. Valentine's Day. Better late than never, and don't let us forget France is at deadly war and needs all her



QUARTIER MARGUERITE. EPERNAY. F.F.N.C. SISTERS ARE NURSING HERE.

Miss Metherell, R.N.S., and Misses Thompson and Scudamore, and Mrs. Scroggie, Birkenhead, also sent 2s. 6d. to buy a cake. Miss Hawkins kindly packed the consignment addressed to Miss Ellison, and Miss Brockie took charge of the box, so we may hope it arrived safely at headquarters in Paris. By and by, when we are less busy over the Registration question, we hope to have some other interesting "Showers" for the F.F.N.C.

Generous consignments of comforts keep arriving at the office. Mrs. Alfred Paine, of Bedford, has sent us another present of slippers, which are always most welcome, and as the Sisters are now nursing at two new centres in the war zone, we are anxious to gather together good bales of useful articles for their use. We have to thank the Women's Emergency Corps, Bournemouth Branch, for a

transport for troops, munitions and food. A little package was made up for each of the 460 patients, and the distribution in the form of a lottery took place after the patients' evening meal. By the kindness of the Marquise de Vivier and other friends café noir and cigarettes (which the soldiers love) were provided, and an improvised concert given in the corridor, at which the chief items were violin solos by a patient who is a professional musician. Sister Joyce sang charmingly, "Tipperary" was given with chorus, and many other patriotic items. Sister Jefferys was a skilful and sympathetic accompanist on the piano. "God save the King" and the "Marseillaise," of course, were encored. "We are not only helping by nursing but by social amenities," as a wise member of the Corps remarked when recently at home on holiday.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Boothroyd Auxiliary Military Hospital, Brough, Yorks.—Miss F. Moody, Miss M. Öllin.

Hobling V.A.D. Hospital, Lincs.—Miss E. M. Blease.

V.A.D. Hospital, Rosherville, Kent.—Miss K. Gossage.

Officers' Hospital, Chichester Terrace, Brighton.—Miss M. F. Nicholson.

Red Cross Hospital, Church Street, Dorchester.—Miss E. Foster Blake.

Red Cross Hospital, Christchurch, Hants.—Miss D. Bannister.

Rushmore Hospital, Tollard Royal, Salisbury.—Miss J. Wesolowski.

Sandacres Convalescent Home, Parkstone.—Miss E. Parsons.

V.A.D. Hospital, Great Hermitage, Higham, near Rochester.—Miss L. A. Filsell.

Military Hospital, South Wingfield.—Miss M. Rae.

Red Cross Hospital, Saffron Walden.—Miss V. M. P. Wakefield.

Overcliffe Hospital, Westcliff-on-Sea.—Mrs. M. C. Glaw.

St. Mark's Military Hospital, Tunbridge Wells.—Mrs. A. L. Jackson.

Cottage Hospital, Upper Norwood.—Miss M. P. Ferrier.

Foye House, Leigh Woods, Clifton, Bristol.—Miss F. Crawshaw.

Red Cross Hospital, Holt, Norfolk.—Miss E. Scally.

V.A.D. Hospital, Wellingborough, Northants.—Miss S. A. Musson.

Military Auxiliary Hospital, Yately, Hants.—Miss T. C. Merry.

Maldon Court, Maldon, Essex.—Miss J. L. Woodworth.

Percy House Schools, Isleworth.—Miss A. M. Armstrong, Miss F. M. Chandler.

Quex Park, Birchington, Kent.—Miss M. Lane.

St. Dunstan's, Regent's Park.—Miss M. E. Munes.

Red Cross Hospital, Tappington Grange, Wadhurst.—Miss E. A. Meehan.

Red Cross Hospital, Downham, Norfolk.—Miss D. Findlay.

Red Cross Hospital, West Ham House, Basingstoke.—Miss M. Rossiter.

Lundwood Hospital, Barnsley.—Miss E. Curry, Miss L. M. Asheden.

Neunham Paddock Red Cross Hospital, Luttermouth.—Miss C. Gerrard.

ABROAD.

Sister M. Hunt, Boulogne. Sister Robertson, Brigade Hospital, Étaples.

Mr. Tennant stated in the House of Commons that the total number of soldiers invalided for tuberculosis which were dealt with by the Chelsea Boards in 1915 was 2,770.

THE CARE OF THE WOUNDED.

THE TUBERCULOUS FRENCH SOLDIERS IN SWITZERLAND.

A first contingent of tuberculous French soldiers is announced at Leysin. Under the direction of Dr. de Reyner they will be installed in the pure air and the powerful light of the Alps. They will no doubt find there healing, or at least an attenuation of their illnesses which will enable them to take their place once more in the social life of their nation. The wonderful cures obtained at Leysin are well known. Cures which are of the nature of miracles. At the national Exhibition of 1914 at Bern, visitors used to stand, "astonished and charmed" before Dr. Rollier's photographs. You could see children there having reached the last stages of disease, amazingly thin, covered with tuberculous ulcers, poor human wrecks whose hours were counted. Then, by the side, the photograph of the same child, some weeks later, with his head held high, his eyes looking purposeful. Two months later you would not recognize him, he is growing into a vigorous fellow, standing naked on the snow, his muscles firm, his body well covered with flesh, sunburnt a beautiful bronze. Dr. Rollier has published the results of his thérapeutique observations at Leysin (*La Cure de Soleil. Paris et Lausanne, 1914*). In this volume he has explained the reasons which have guided his medical career in the direction of the sun cures. After a chapter describing the climatology of Leysin, he points out the technique of sun baths in diverse diseases and shows the results obtained. A great number of coloured photographs and radiographs illustrate the volume. There the reader can realize the miraculous nature of this cure. The same subject photographed time after time leads us really from death to resurrection. Let those soldiers going to Leysin, as well as their families, take courage and comfort. Placed at their disposition are all the benefits of the Alpine sun and of the pure air, and all the science and the devotion of the doctors. To begin with, 100 tuberculous prisoners from each country will be sent to the Sanatoriums of Davos, Montana, Leysin.

In response to a request from the Directeur du Service de Santé, Paris, the number of beds at the Hospital at Limoges maintained by the Wounded Allies Relief Committee, of Sardinia House, Kingsway, W.C., has been increased from 175 to 225. The hospital staff includes twenty-four English nurses.

The University of St. Francis Xavier, Antigonish, Nova Scotia, has offered a hospital unit to the British War Office for service at the front. The unit, which will be under the command of Captain McLeod, C.A.M.C., will consist of 12 doctors, 35 nurses, and about 125 attendants.

This will be the second hospital unit provided by the Province.

THE VOLUNTARY NURSING COLLEGE SCHEME.

A number of representatives of Nurses' Organisations and others attended a meeting at 83, Pall Mall, S.W., on February 23rd in response to the following invitation issued by Miss Swift, Matron-in-Chief of the Nurses' Department under the Joint War Committee:—

Dear Madam,—You are invited to send a representative of the League which you represent to a meeting of the Committee to be held at this address on Wednesday, February 23rd, at 5 p.m., in Room 65, for the purpose of discussing the College of Nursing Scheme.

I am,
Yours very truly,

S. A. SWIFT
(Secretary, *pro tem.*)

The Hon. Arthur Stanley, M.V.O., M.P., presided, supported by those who have taken an active part in promoting the scheme, including the Hon. Sir Charles Russell, Sir Henry Burdett, K.C.B., Miss S. A. Swift, R.R.C., Miss L. V. Houghton, Matron of Guy's Hospital; Miss McIntosh, Matron, St. Bartholomew's Hospital; Miss Lloyd-Still, Matron, and Mr. G. Q. Roberts, Secretary, St. Thomas' Hospital; Miss Darbyshire, Matron, St. Mary's Hospital; Miss Montgomery, Matron, Middlesex Hospital.

The following were the official representatives of the self-governing societies enumerated:—

Mrs. Bedford Fenwick, President, National Council of Trained Nurses of Great Britain and Ireland.

Mr. Comyns Berkeley, M.C. Cantab., Royal British Nurses' Association.

Miss Beatrice Kent, Society for State Registration of Trained Nurses.

Miss E. C. Barton, Poor Law Infirmary Matrons' Association.

Miss Cancellor, National Union of Trained Nurses.

Miss A. W. Gill, R.R.C., Scottish Matrons' Association.

Dr. McGregor Robertson, Scottish Nurses' Association.

Mrs. Porter, Irish Nurses' Association.

Lady Hermione Blackwood, President, Ulster Branch Irish Nurses' Association.

Mrs. Lancelot Andrews, League of St. Bartholomew's Hospital Nurses.

Miss Sheldon, Guy's Hospital Nurses' League.

Miss M. Breay, League of St. John's House Nurses.

Miss H. L. Pearse, Miss Makepeace, School Nurses' League.

Miss Soal, League of Royal Free Hospital Nurses.

Miss O'Brien, University College Hospital Nurses' League.

Miss Ellis, Leicester Royal Infirmary Nurses' League.

Miss Macfarlane, General Hospital, Birmingham, Nurses' League.

Others present were Dr. R. W. Stewart, Department of the Medical Director General of the Navy; Miss Sidney Browne, Territorial Force Nursing Service and Queen Alexandra's Imperial Military Nursing Service; Miss Amy Hughes, Queen Victoria Jubilee Institute; Miss Rosalind Paget; Miss Cox Davies, R.R.C., Matron, Royal Free Hospital; Miss Finch, Matron, University College Hospital; Miss C. Hoadley and Dr. Turney, Nurses' Co-operation; Miss Seymour Yapp, Poor Law Officers' Association.

The Chairman said that before asking Miss Houghton to speak it was necessary for him to make one or two remarks. He had seen it stated that it was an act of discourtesy on his part not to consult the organizations of nurses as to the Nursing College Scheme. He hoped those present would acquit him of any such intention. When he was first approached on the subject it was necessary for him to approach the principal training schools and hospitals to find out if the idea was likely to find favour with them. He therefore approached the Chairmen of the principal training schools, and at the same time some of the Matrons interested in the scheme wrote to the Matrons of these institutions, sending them a copy of his letter to the Chairmen. This was only in the nature of a feeler. The support received had been encouraging. He had also profited greatly by criticisms and suggestions made in the Press. The scheme had, however, only taken definite shape two or three days previously, so the meeting had really been called at the earliest possible date.

One word as to how it came into being. It had been suggested that someone—perhaps Lord Knutsford—was behind him, but this was not the case. He had seen Lord Knutsford and exchanged two or three letters with him, but he did not know whether he was with him, though he was anxious to do something to help on organization. Most of the hospital authorities consulted had replied in favour of some form of organization, but reserving judgment for the present as to his scheme.

Why he himself was prominent in promoting the scheme was because he happened at this moment to be the Chairman of a large neutral Association. At the end of the war he would disappear, though he did not think the British Red Cross Society would relapse entirely into the position it occupied before the war, but he assured those present that he had no axe to grind, and that when the moment came for him to retire into obscurity he should be very pleased.

He thought that all present were practically in favour of some form of State Registration.—(applause)—and he would briefly enumerate the most important points in his programme:—

(1) *State Recognition of Nurses.*—He preferred the word recognition for reasons which he would explain later.

(2) *Self-Government.*—It was proposed that the body to be created should be self-governing—for nurses, governed by nurses.

[3] It should be a *final examination*.

(4) There should be a *final examination* or test for registration, the same for all.

These were practically the four main points for which those interested in the scheme stood.

His reason for preferring the term State Recognition was that Registration meant only one thing. State Recognition meant something larger than the mere keeping of a Register, and practically included State Registration. There were many ways of obtaining State Recognition. Sir Charles Russell, whom he had consulted, pointed out how almost exactly analogous the position of the Nursing Profession would be under the College Scheme to that of the Incorporated Law Society. This was a voluntary society, but it had obtained State Recognition, and had received powers far beyond the narrower sense of the word. An influential Committee had proceeded at once with the formation of a Register, and the State had given the Society increasing powers—penal powers, in fact—and had entrusted to it the custody of the Roll of Solicitors and authority to strike off the Roll any Solicitor found guilty of malpractice.

If the aim was State Recognition and it was endeavoured to found a Nursing College, the first step to be proceeded with would be the formation of a Register. It was absolutely necessary for its work that the Register should be proceeded with as quickly as possible.

One word about the Nurses' Registration Bill. There was not much chance of a private member's Bill getting through the House at the present time, and the Government were not very likely to take it up. He thought it would be wise, therefore, to begin with the formation of a Register. That was the only point on which he differed with the Registrationists. He thought they were putting the cart before the horse. The better way was to form the Register, and then go to Parliament to sanction that Register.

Parliament would not entrust them with the supervision of a Register not in existence. Let them set their own house in order first, and then go to Parliament. He felt absolutely certain that they would get what they wanted eventually.

Self-Government.—He thought the Scheme went further than any other in this direction. Indeed, since the first discussions took place, there had been considerable modifications in that respect. There had been considerable reluctance to adopt a nominated Council, but it was necessary that it should be nominated in the first instance, because there was no constituency to elect it. Only the first Council was to be nominated, and, as at present proposed, two-thirds would be composed of Matrons or Nurses in the active practice of their profession; one-third of the Council would retire annually, and those who replaced them would be elected by the members of the College. There was no provision for any body of doctors—the whole election would be in the hands of the College, and in three years the Council would be a purely elected body.

Uniform Curriculum.—On the subject of a uniform curriculum, Mr. Stanley said he was unable to speak fully, as he was only a layman, but he thought there was a general wish that there should be a uniform curriculum for the training schools throughout the Kingdom. A Committee should be appointed to deal with the question at once. He believed the curriculum was now very high in the majority of schools, and nothing would be done of any kind to lower it. The imposition of an examination test was the answer to that. He believed, if the College were formed, the curriculum of training would be higher than any required by the State.

A Final Examination or Test for All.—In regard to the examination, he thought it would be necessary for a certain term of years to have a close time, and for the Council to decide who should be put on the Register without examination. Mrs. Bedford Fenwick's Committee—(Mrs. Fenwick here rose to take exception to the use of that term. She said there was no Mrs. Bedford Fenwick's Committee; the Chairman, no doubt, referred to the National Council of Trained Nurses of Great Britain and Ireland, of which she was President).

Mr. Stanley then read from THE BRITISH JOURNAL OF NURSING an extract from the speech of Miss Heather-Bigg, President of the Matrons' Council, at the Meeting convened by the National Council of Trained Nurses, and held in London on February 12th, in which she claimed that the nursing profession was now of full age, and like all adults had the right to demand self-government; that the nurse training schools should have a uniform curriculum of training; and that, by passing an independent examination, nurses should "furnish conclusive proof to the public that they possessed the necessary knowledge to merit a diploma of efficiency and to be registered as a 'Trained Nurse.'" Those were the principal objects of the College.

It now only remained for him to thank those present for their attendance. He believed if his scheme were carried through they would get whatever they wanted. Neither he nor those with whom he worked wished for any credit. He was only too anxious that those who had fought this battle for twenty-five years should have full credit for anything they had done. Nor must they forget those dependent on them for bread, and positions would be found for them.

If he could do anything to help forward State Recognition and Registration he would be well content.

Mr. Stanley then called on Miss Haughton to read her paper on the College of Nursing:—

COLLEGE OF NURSING.

Many of us who are content to work for the establishment of a College of Nursing upon a voluntary basis hope and believe that ultimately the Nursing Profession will be regulated by Act of Parliament, and we anticipate that the experi-

ence gained by the College may be helpful to this end. We recall the fact that historically every profession has had to attain a certain measure of organization from within before Parliament has seen fit to intervene to give legal recognition to what has been initiated by voluntary effort, and we feel it is highly desirable that there should be only one certificate of general training for all nurses wherever trained.

Membership of the proposed College is confined to qualified nurses, and the government rests ultimately with the qualified nurses on the register, the College therefore will provide a professional body capable of dealing not only with the training of nurses and other women workers in hospitals, but with the relations of so-called "V.A.D.'s" to qualified nurses.

The objects of the College will be:—

To promote the better education and training of nurses by encouraging uniformity of curriculum in the training of persons intended for the nursing profession.

To grant certificates of proficiency in nursing: (1) to persons who may pass prescribed examinations after training; (2) to those who may have been trained in recognised nursing schools, and have passed such examinations as the College or its Council consider sufficient, thus making provision for existing nurses; and (3) to grant certificates in any special branch of either medical or surgical nursing. It is possible that under due safeguards as to standard, the internal examinations of recognised schools may be accepted as qualifying for the certificate of proficiency.

To institute and conduct examinations of persons desirous of obtaining certificates of proficiency, to advise as to a course of study and technical training and to diffuse such information as may be calculated to insure the fitness of persons desirous of qualifying as nurses and obtaining certificates.

To make and maintain a register of persons to whom certificates have been granted by the College.

To promote the advancement of nursing as a profession in all or any of its branches.

To institute and conduct examinations in all branches of women's work connected with hospitals other than the practice of medicine, surgery and obstetrics, and to grant certificates to those who pass its prescribed examinations.

To provide, establish and maintain in London and elsewhere, offices, examination halls and lecture-rooms with all requisite equipment, and to institute and provide courses of lectures and demonstrations. If and when considered advisable to apply, petition for or promote a Royal Charter or Act of Parliament for the purposes of the College, and for the re-incorporation of its members.

At General Meetings of the College on a show of hands, every member present in person shall have one vote, and at a poll every member present in person or by proxy shall have one vote.

There shall be a President and not more than fifty Vice-Presidents of the College.

The first members of the Council to manage the affairs of the College shall be appointed by the signatories to the Memorandum of Association. Two-thirds at least of the Council of Management shall be Matrons of Hospitals, Superintendents of Nursing, or Sisters and Nurses still engaged in the active practice of their profession; the remaining members being medical men or women, and men or women of administrative experience to help on the business side of the undertaking.

The number of Members of Council shall not be less than fifteen nor more than thirty (unless otherwise determined by a General Meeting).

When the College has been established, vacancies on the Council are filled from year to year by the votes of the members, *i.e.*, by the general body of Nurses on the Register, and to ensure for them an effective influence in the election, they have a postal vote, not dependent upon personal attendance at the annual meeting. Thus the College will become self-governing and democratic in constitution, managed by the women and men chosen and trusted by the members themselves.

The Council will form a large Consultative Board from amongst physicians, surgeons, hospital Matrons, and principal officers, Superintendents of nursing in practice throughout the country, trained nurses and persons interested in the relations between nurses and the public.

It will be laid down in the Articles of Association that the Council must always invite and receive a report from the Consultative Board before coming to a determination upon (1) the courses of study and technical training for persons intended for the nursing profession, or (2) the conditions under which recognition may be extended to nursing schools.

The Council will also form an Examining Board from persons experienced in lecturing or teaching in nursing schools, or physicians or surgeons on the staff of hospitals to which nursing schools are attached.

The Council shall always invite and receive a report from the Examining Board before deciding (1) the scheme of examination to be instituted for the granting of certificates for proficiency in nursing. (2) The acceptance in whole or in part of an examination held in a nursing school recognised by the College for the purpose of determining the proficiency of a candidate for a certificate of the College. (3) The appointment of examiners. These two boards will thus be advisory boards to the Council, whose advice the Council will be bound to follow.

Every candidate for examination shall pay such fees as the Council may fix.

In view of the inclusion of the whole of the United Kingdom in the scheme, the signatories have taken powers to establish Local Boards, which may exercise in their respective areas "any of the powers, authorities and discretions for the time vested in the Council."

The College, if successful will ultimately become a large central Examining Board for Nurses, and other hospital workers, will keep a Register of Nurses, and will be free to move in whatever way may seem to be the best line of advance.

DISCUSSION.

The Chairman then invited discussion upon any points in connection with the scheme now before the meeting.

MISS BEATRICE KENT, representing the Society for the State Registration of Trained Nurses, which was first called upon, said that the movement for the State Registration of Nurses was a time-honoured one which had been in progress for nearly thirty years, entailing a large expenditure of time, energy, and money on the part of its promoters, but they had set their hands to the plough and would not turn back. That would not be British. The movement had a very strong backing.

In 1905 a Select Committee of the House of Commons presented a unanimous report to Parliament in favour of the State Registration of Nurses.

In 1906 the Lord President of the Council declared it a matter of national importance.

In 1908 a Nurses' Registration Bill was passed by the House of Lords supported by the Government.

In 1910 the Central Committee for State Registration of Nurses was formed, composed of the representatives of eight influential medical and nursing societies in the three kingdoms, all large and representative bodies which agreed to give it their whole-hearted support, and when the Bill was next introduced into the House of Commons it had the backing of all these societies.

In 1914, the last time the Bill was introduced, a division was challenged, the result being a majority of 228 in its favour. She thought she had said enough to demonstrate that energy, time and money had been spent in promoting the movement, and that it was strongly supported by the eight societies affiliated in the Central Committee, namely, the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Association for Promoting the Registration of Nurses in Scotland, the Scottish Nurses' Association, and the Irish Nurses' Association.

MR. COMYNS BERKELEY, representing the Royal British Nurses' Association, said he was sorry to be unable to say what the Association would do in regard to the scheme, as it had not yet come before it officially, and as yet the Chairman's draft letter had only been laid before the Council, who felt they must know more of the scheme before they were capable of expressing an opinion. They therefore welcomed the opportunity afforded by the invitation to attend the present meeting, but until they had further details of the scheme were unable to discuss it.

The R.B.N.A. had for years been one of the strongest advocates of State Registration, and had united with other societies having the same object. The Bill in which they were interested contained a clause providing for the uniform training and final examination of nurses, and its object was to obtain State Registration. The objects outlined by the Chairman appeared to be the same as those for which the R.B.N.A. had been fighting for years. When, therefore, he brought the further details of the scheme before his Association he thought it would have their sympathetic attention.

The Chairman then called on a representative of the Army Medical Department, but no one responded.

In response to a similar request for the views of the representative of the Department of the Medical Director General of the Navy, DR. STEWART said he had been asked to attend to gain information. He did not wish to say more at the present time.

MISS SIDNEY BROWNE, representing the Territorial Force Nursing Service, said she would prefer not to make any comments on the scheme at this stage. She was sure that the large number of members of the Territorial Force Nursing Service whom she represented would give every attention to the scheme. She was very glad to attend to hear further details as she was much interested in it. She would be very glad to do anything to help on this cause. She might say she also represented Queen Alexandra's Imperial Military Nursing Service.

MRS. PORTER, representing the Irish Nurses' Association, said she had been directed by the Association to bring before the meeting the resolution passed by it at a recent meeting. Mrs. Porter was beginning to read the Resolution when the Chairman said he need not trouble her to do so as it had already been published. Mrs. Porter agreed that most of those present had probably already read it.

The Resolution was as follows:—

"That this Meeting of the Members of the Irish Nurses' Association desire to reassert their strongly held opinion that compulsory examination, and registration by the State, is the only form of organization suitable to their needs, and believe that any voluntary scheme such as suggested by the Hon. Arthur Stanley would be prejudicial to their interests."

MRS. BEDFORD FENWICK, President and Representative of the National Council of Trained Nurses of Great Britain and Ireland, said she wished to put herself in order by handing in the Resolutions passed at a meeting of that Council held in London on February 12th, which she accordingly did.

The representatives present were there to obtain information. She therefore asked for the names of the Committee, and of Mr. Stanley's advisers who had drafted the Memorandum read by Miss Houghton, which she regretted was not before them in print. The Central Committee for State

Registration of Nurses, which drafted the Nurses' Registration Bill, had asked the Chairman to receive its official representatives, which he had consented to do, but the date was not yet fixed. As a Memorandum on the registration question was to be placed before him at that interview she did not now propose to speak at length.

With regard to the statement read by Miss Haughton, she considered it should have been drawn up with the knowledge and consent of those who were working for the organization of the nursing profession, but the Central Committee representing some 40,000 medical practitioners, Matrons, and nurses, many of whom had been working for a quarter of a century for the organization of the profession, knew nothing whatever about it. She might add that the Matrons' Council of Great Britain and Ireland, the representative Association of Matrons which had been foremost in working for Higher Education and the welfare of the nursing profession, had received no invitation to the present meeting and was consequently not represented.

The Chairman said he would deal with these questions at a later stage.

DR. MCGREGOR ROBERTSON, representing the Scottish Nurses' Association, said he attended the meeting specially instructed by his Committee in response to the invitation they had received. The present time appeared inopportune for the discussion of the question before them, when the large majority of trained nurses all over the country were engaged in work in support of the great national cause, and had no time for politics and little for self-defence.

Many of those on active service were ignorant of this new movement, and there was no means of informing them. If such a measure as this were brought forward they would be unable to take any active part in it, or to offer any opinion upon it. Was it a right thing, to use even a stronger word was it a decent thing to launch this new proposition at the present time, affecting the interests of women whose position prevented them from taking part in its consideration. He submitted that the present was not the proper time to introduce the question. All the organised societies of nurses had refrained from taking propagandist steps since the outbreak of war, and he thought it was not right that the apple of discord should be thrown in their midst.

The Scottish Nurses' Association, which had a membership of some 2,000 nurses, took part in the Deputation to the Prime Minister in 1913, and he had then informed Mr. Asquith that the large body of nurses which he represented were unanimous in their support of the Nurses' Registration Bill.

Further, the representatives of nurses not only in Scotland but in the three Kingdoms had met to consider the Bill. It had in fact been before a parliament of nurses, who sat for days and discussed all the steps taken. Every conference declared it would be content with no Bill which did not contain the principles embodied in the

Nurses' Registration Bill. Why not therefore adopt that Bill as a basis of discussion? Its promoters would not object to re-consider details, but would not reverse principles. The feeling of the nursing profession was strongly that there should be one portal of admission to its ranks, guarded by the State, and that there should be no back doors; also that there should be a three years' curriculum of training controlled by the State.

In regard to the four points contained in the scheme, so lucidly explained by the Chairman at the beginning of the meeting, they were all embodied in the Bill which the Conference of Nurses he had referred to had already discussed.

Let them take the Bill and meet once more in another conference, amending it where necessary, and endeavour to get agreement. That was one way of dealing with the present situation.

At present a Committee whose names they did not know had launched the proposition before the meeting for the promotion of a Nursing College. The Council governing it was to be nominated by the signatories to its Memorandum and Articles of Association, and were to proceed to produce a Register. That would not satisfy the nursing profession. If agreement could be obtained let the Committee, as he had suggested, summon a Conference, and go over the details of the Bill. The alternative was to drop all controversy till the conclusion of the war and concentrate on helping our fighting men, and keeping them fit. Then when the war was over another Conference of Nurses on a more extended basis even than that which met in 1910 could meet to deal with the whole question without distraction.

MISS CANCELLOR, representing the National Union of Trained Nurses, said she was not in a position to say much, because the society which she represented had only heard of the College scheme by chance, it had received no official notice whatever. It had, therefore, not been in a position to consult its members, numbering some 2,000 nurses who at present were serving their country in all parts of England, France, and elsewhere. Nor could they do so until they knew the details of the scheme, and who was answerable for it. At present they felt they were being treated like children, and kept in the dark. They had not seen a copy of the Memorandum of Association, nor did they know the names of the signatories. Who and what were the persons helping this scheme?

MISS GILL, Scottish Matrons' Association, said that her Association had not yet considered the scheme, but she hoped shortly to lay some details before her Council. She did not find amongst nurses any desire to hold back at the present time till a more convenient season. Nurses desired organization. She was glad to know that the Council controlling the College scheme was to be a self-governing body. She could assure her hearers that the Nursing Profession felt strong, enough to be self-governing.

without outside interference. Nurses were quite capable of managing their own affairs.

MISS SEYMOUR YAPP, representing the Poor Law Officers' Association, said she had always been an ardent registrationist, but she did not care if registration were called recognition provided she got it. She did not think it likely that a Nurses' Registration Bill would get through at the present time, and contentious matters were best settled before going to Parliament, so that the College of Nursing, if established, might help to bring about what they had been desiring. She could only thank the promoters for their invitation to be present at the meeting, and assure them of her sympathy.

MISS BARTON, representing the Poor Law Infirmary Matrons' Association, said she had worked for years to obtain State Registration of Nurses. She felt strongly that no voluntary measure, such as that proposed in the Nursing College Scheme, could give nurses the necessary status.

MRS. LANCELOT ANDREWS, representing the League of St. Bartholomew's Hospital Nurses, said that the League included 800 three years' certificated nurses. She was glad to hear the scheme explained by the Chairman, as so far the only information available had been his Circular Letter, and that explanation differed widely from the text of the letter on some points of vital importance.

The chaotic condition of the nursing profession was not a new one, though it has been intensified by the inrush of unskilled labour since the outbreak of war. It had been foreseen years ago, and the movement for State Registration of Nurses was the result of that foresight. It was a great pleasure to meet with a newer body which had awakened to the fact. There were one or two questions she would like to ask.

Did she understand it to be the opinion of the Chairman that if a Register of Trained Nurses were compiled there would be no difficulty in getting the Nurses' Registration Bill through Parliament?

Did she understand that at the end of three years the whole nominated Council proposed in the Nursing College Scheme would consist of a body elected by the nurses who were members of the College?

What was the advantage in having people interested in nursing as members of the Consultative Board?

She would also be glad of information as to what was intended by the institution of examinations "in all branches of women's work connected with hospitals." What exactly was the advantage of this? Was it intended to certificate women who were not nurses? She would be glad of information on this point.

MISS H. L. PEARSE, President of the School Nurses' League, said that a number of School Nurses under the London County Council were now abroad, and she received many letters from them. They were all keen registrationists. She

asked why the Nurses Registration Bill, which had been most carefully drafted, should not be studied and discussed clause by clause? Like Mrs. Andrews, she wished to know what was included in "other branches of women's work"?

MISS O'BRIEN, representing University College Hospital Nurses' League, said she represented some three hundred nurses. The League would support any scheme which had for its basis the establishment of a fixed standard, a universal curriculum, and a final examination, provided—and this was essential—that nurses received legal recognition on the lines accorded to doctors and lawyers. She would like information on that one point. Her League would wholeheartedly support anything which would raise the status, educational standard and efficiency of trained nurses, and secure for them legal recognition.

THE HON. SIR CHARLES RUSSELL, speaking as a solicitor, said that a hundred years ago there were a hundred different doors through which one might pass to become a solicitor, or attorney, as it was usually then called, after serving for a certain number of years. Consequently the profession fell into disrepute, just as the nursing profession suffered from Sairey Gamp and Betsy Prig, and was faced by the same difficulties. It was only when the solicitors formed a voluntary society, the Incorporated Law Society, that they got together. Further, they remained a voluntary society. No solicitor was bound to become a member unless he liked, but the foundation of the society had led to the State Recognition of attorneys, because it had instituted lectures and established examinations, and the State had handed over to its members first the entire conduct of examinations, and then the charge of the Roll, with power to strike off those who offended. In 999 out of 1,000 the Courts confirmed the report of the Incorporated Law Society in these cases.

It was necessary to insist on a high standard before the profession began to rise. Parliament was prone to help those who helped themselves. If the profession got together and formed a College he did not think it would be long before Parliament granted them powers as great as it had given to the Incorporated Law Society.

MISS MARY A. SOAL, representing the Royal Free Hospital Nurses' League, said that without a system of legal registration under State authority under which fully trained nurses would be practically compelled to register, there would be hundreds of half trained nurses throughout the kingdom, as now, posing as trained, and the nursing profession would be no better off than at present.

THE CHAIRMAN'S REPLY.

THE CHAIRMAN said that Sir Charles Russell, in drawing an analogy between the Incorporated Law Society and the proposed Nursing College, had endeavoured to show that the College might become sufficiently powerful to exercise the same pressure as that exerted by the former Society. Some solicitors remained outside it, but it was

really regarded as a black mark against a man if he did not belong to his professional society. In the same way it was hoped that any nurse who wished to be recognised as fully qualified would feel it incumbent on her to belong to the College.

Then there was the point as to the method of election on to the Council. The aim was that it should be elected by nurses.

In reply to the question raised by Mrs. Andrews and Miss O'Brien as to why the College should confer certificates on women connected with hospital work, there would be graded certificates for these. Take the question of V.A.D.'s who had passed their Home Nursing and First Aid examinations. The College would be a strong body, and it would be a strong position for it to take up that the nurses would eventually be the controlling body, granting certificates to those women engaged in hospital work who were not fully-trained nurses.

Dr. McGregor Robertson suggested that the interests of trained nurses were being attacked while they were abroad; that this was not the proper time to deal with this question, and Governors of Hospitals had written and expressed the opinion that it was not the time to deal with it. On such an important question the opinion of the nurses should be taken.

The interest in nursing was keener than it had ever been, people were inclined to take a broad view; after the war nurses would have to face rivalry from the partially trained, and it was essential they should set their house in order.

In regard to the election of members of the Council, it had been said they were getting into a vicious circle. A nominated Council would, in the first place, put nurses on to the Register. Dr. Robertson asked whether the members of the Council would all be nurses. Once the College was started nurses might elect whoever they liked on to the Council; the members need not all be nurses, but if the nurses were not satisfied with them they need not re-elect them.

Then there was the question of incorporation under the Board of Trade. Some nurses considered that derogatory, but once the College was registered it would have no more to do with the Board of Trade, but it was a necessary step which had to be complied with if that form of incorporation were desired.

Then he had been asked by Mrs. Bedford Fenwick who were the Committee? There was no Committee. So far the meetings had been of a purely informal nature, but as Chairman he had asked the advice of those eminently qualified to give it, amongst them were Miss Lloyd Still, Miss Haughton, Miss Paget, Miss Ray, Miss Mackintosh, Miss Hughes, Miss Darbyshire, Miss Montgomery, Miss Gill, Miss Gibson, Lord Knutsford, Sir Charles Russell, Sir Cooper Perry, Sir Henry Burdett, Mr. Roberts, Mr. Minet, Mr. Morris, Dr. Turney, Colonel Tunnard, and last, but not least, Miss Swift.

Mrs. Bedford Fenwick had also asked who were the signatories to the Memorandum, he was not

without hope that some of the representatives of the Associations present would consent to become signatories, that would be the nearest approach to unity.

In reply to Mrs. Bedford Fenwick who asked whether any one had consented to be a signatory to the Memorandum the Chairman replied that no one had so far been asked.

Continuing, the Chairman said he was anxious to bring in a Bill, one of their first efforts would be to try to bring in a Bill which would have the approval of all those interested in the question. He did not think there were any points of difference between them. He did not see why that Bill should not be the Nurses' Registration Bill before Parliament; he would like it to be the actual Bill; he would like those people who had fought for the cause for so many years to have the credit of their work. He thought it might very well be the Bill.

Miss Barton, President of the Poor Law Infirmary Matrons' Association, said she had been asked to attend on their behalf, but not to give their opinion as they had not yet had the scheme before them. She personally had worked for years for State Registration, feeling that nothing else would be of use or an act of justice to poor law nurses.

In reply to a request from Mr. Comyns Berkeley and Mrs. Bedford Fenwick, the Chairman promised that they should be supplied with a report of the proceedings, and of Miss Haughton's paper. In answer to a further question from Mrs. Andrews he said that if graded certificates were given this would be a question which would rest with the Consultative Body appointed by the College. Untrained women would then be labelled as V.A.D.'s.

The proceedings concluded with a vote of thanks to the Chairman which Mr. Stanley acknowledged by saying that if he had been of any service whatever in helping the cause forward he had been well rewarded.

IN SUPPORT OF STATE REGISTRATION.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss K. L. Burleigh, 10s. 3d.; Miss E. J. Lloyd, 2s. 6d.

SISTER FRENCH MEMORIAL FUND.

Mr. G. A. Wright, F.R.C.S., Consulting Surgeon, and Mr. J. Howson Ray, F.R.C.S., Honorary Surgeon to the Manchester Royal Infirmary, state that a fund has been opened to place to the memory of the late Sister French (1) a tablet in S.I. Unit, and (2) a small stained window in the Infirmary Chapel. Former students, nurses, and patients who remember Sister French during her thirty-five years' faithful service, may send contributions to the General Superintendent and Secretary at the Manchester Royal Infirmary.

THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A Meeting of the Executive Committee was held at the office, 431, Oxford Street, London, W., on Thursday, the 24th ult., Mrs. Bedford Fenwick in the Chair.

The President and others gave a brief report of the informal meeting held at 83, Pall Mall on the previous day between the Hon. Arthur Stanley, M.P., Chairman Joint War Committee, and his advisers, and representatives of some of the nurses' societies, to discuss the proposed scheme for a Voluntary Nursing College, a full report of which appears in this issue.

It was reported that Mr. Stanley had fixed Thursday, March 2nd, to discuss the scheme with the official delegates of the Central Committee for the State Registration of Nurses, when further information would be sought on the College Scheme, and a Memorandum on the Registration Movement would be presented. It was agreed that Miss Beatrice Cutler and Miss Breay should represent the Society as Central Committee delegates.

The President reported that nurses from all over the country had applied for membership in support of State as against Voluntary registration. Many of their letters were very emphatic in support of that principle. The following two hundred new members were elected.

NEW MEMBERS.

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| 3629 Miss C. G. Withell, cert. St. George's Hosp., S.W. | 3644 Mrs. E. A. Dickson, cert. St. Bartholomew's Hosp. |
| 3630 Miss C. S. Caley, cert. Queen's Hosp., Birmingham. | 3645 Miss M. E. Burdett, cert. " " |
| 3631 Miss T. S. Brooks, cert. St. Thomas' Hosp. | 3646 Mrs. R. B. Swanston, cert., " " |
| 3632 Miss R. Lambert, cert. St. Marylebone Inf. | 3647 Mrs. M. G. Harfield, cert. " " |
| 3633 Miss S. A. Wright, cert. Brownlow Hill Inf., Liverpool. | 3648 Miss E. Snell, cert. " " |
| 3634 Miss E. M. Greenwood, cert. Roy. South Hants Hosp., Southampton. | 3649 Miss E. Northwood, cert. " " |
| 3635 Miss M. A. Cooper, cert. Princess Alice Hosp., Eastbourne. | 3650 Miss N. W. B. Wigg, cert. " " |
| 3636 Miss G. Rushworth, cert. Croydon Gen. Hosp. | 3651 Miss W. Stratton, cert. Roy. Inf., Dundee. |
| 3637 Miss W. K. Ransom, cert. Wolverhampton and Staffordshire General Hosp. | 3652 Mrs. M. Leggat, cert. " " |
| 3638 Miss C. Tyler-Taylor, cert. Croydon Gen. Hosp. | 3653 Miss M. Bruce, cert. " " |
| 3639 Miss F. G. Fegan, cert. Mill Road Inf., Liverpool. | 3654 Miss G. McPherson, cert. " " |
| 3640 Miss E. Gall, cert. Mile End Inf., London. | 3655 Miss H. Croll, cert. " " |
| 3641 Miss N. E. Sayer, cert. Worcester Gen. Hosp. | 3656 Miss M. A. Young, cert. " " |
| 3642 Miss A. E. Stait, cert. Wolverhampton Ger. Hosp. | 3657 Miss B. R. S. Milne, cert. " " |
| 3643 Miss M. Worthington (late Matron Infants' Hosp.), trained St. Thomas' Hosp. | 3658 Miss H. Frampton, cert. Stanley Hosp., Liverpool. |
| | 3659 Miss J. T. Mitchell, cert. " " |
| | 3660 Miss H. Shaney, cert. Crumpsall Inf., Manchester. |
| | 3661 Miss F. E. Armitage, cert. Batley and District Hosp. |
| | 3662 Miss M. Roundell, cert. " " |
| | 3663 Miss J. A. Hassall, cert. North Bierley Inf., Clayton, Bradford. |
| | 3664 Miss I. M. Paterson, cert. High Teams Hosp., Gateshead. |
| | 3665 Miss W. F. Burston, cert. Croydon Gen. Hosp. |
| | 3666 Miss C. H. Clayton (Matron Letchworth Cottage Hospital), cert. London Temperance Hosp. |
| | 3667 Mrs. A. Bayfield, cert. Royal Hosp., Belfast. |
| | 3668 Miss A. E. White, cert. Meath Hosp. and County Dublin Inf. |
| | 3669 Miss G. M. Nicol, cert. Nottingham Gen. Hosp. |
| | 3670 Miss M. E. B. Forrest, cert. Prince of Wales' Gen. Hosp., Tottenham. |
| | 3671 Miss E. M. Constable, cert. Royal Hants County Hosp., Winchester. |
| | 3672 Miss A. Goodall, cert. Royal Hosp., Salford. |
| | 3673 Miss M. Eames, cert. South Manchester Hosp., West Didsbury. |
| | 3674 Miss M. Clough, cert. Roy. Victoria Inf., Newcastle-on-Tyne. |
| | 3675 Miss E. Emerson, cert. Milton Inf., Portsmouth. |
| | 3676 Miss A. M. Burr, cert. County Hosp., Bedford. |
| | 3677 Miss E. E. Burns, cert. Ancoats Hosp., Manchester. |
| | 3678 Miss A. Appleton, cert. South Manchester Hosps., West Didsbury. |
| | 3679 Miss H. O. Cooper, cert. Ancoats Hosp., Manchester. |
| | 3680 Miss B. Rice, cert. The Infirmary, Brighton. |
| | 3681 Miss M. Elsdon, cert. Union Hosp., Newcastle-on-Tyne. |
| | 3682 Miss R. B. Galton, cert. General Inf., Burton-on-Trent. |
| | 3683 Miss L. M. Bradley, cert. Royal Inf., Bristol. |
| | 3684 Miss M. Atkinson, cert. High Teams Hosp., Gateshead. |
| | 3685 Miss L. J. O'Connor, cert. Poplar and Stepney Sick Asylum. |

- 3686 Miss E. L. Westbrook, cert. St. John's Inf., Wandsworth.
- 3687 Miss A. C. Reed, cert. North Ormesby Hosp., Middlesbrough.
- 3688 Miss F. M. Clarenbone, cert. St. Pancras Inf., Highgate.
- 3689 Miss R. Stanley, cert. St. Bartholomew's Hosp.
- 3690 Miss E. M. Stibbs, cert. St. John's Inf., Wandsworth.
- 3691 Miss S. H. Foxe, cert. Central London Sick Asylum.
- 3692 Miss A. S. Marshall, cert. General Hosp., Birmingham.
- 3693 Miss M. Slater, cert. Leeds General Inf.
- 3694 Miss C. Beattie, cert. Hull Royal Inf.
- 3695 Miss Morretti, cert. Bolingbroke Hosp., Wandsworth Common.
- 3696 Miss J. M. Clark, cert. Western Inf., Glasgow.
- 3697 Miss A. K. Shirras, cert. Cent. London Sick Asylum.
- 3698 Miss N. C. Iles, cert. St. Bartholomew's Hosp.
- 3699 Miss W. Broome (Principal Queen Alexandra's House, Kensington Gate), cert. St. George's Hosp., S.W.
- 3700 Miss E. H. Ashford, cert. Queen's Hosp., Birmingham.
- 3701 Miss J. Logan, cert. Bradford Royal Inf.
- 3702 Miss W. D. Gage, cert. Holtern Inf.
- 3703 Miss A. F. Hindle, cert. North Staffordshire Inf., Stoke-on-Trent.
- 3704 Miss G. M. Carrick, cert. London Hosp.
- 3705 Miss L. E. Gore, cert. St. George's Hosp.
- 3706 Miss E. M. Lloyd, cert. Royal Inf., Bradford.
- 3707 Mrs. W. Butler, cert. Queen's Hosp., Birmingham.
- 3708 Miss E. Harrison, cert. The Inf., Birmingham.
- 3709 Miss M. Rowbottom, cert. Nottingham Inf.
- 3710 Miss M. A. Savery, cert. The Inf., Burnley.
- 3711 Miss E. Yorke, cert. Nottingham Inf.
- 3712 Miss E. M. Bland, cert. Charing Cross Hosp.
- 3713 Miss I. H. Cottrell, cert. Queen's Hosp., Birmingham.
- 3714 Miss E. M. Murley, cert. Charing Cross Hosp.
- 3715 Mrs. B. I. Craske, cert. Royal Inf., Glasgow.
- 3716 Miss C. Cowley Brown, cert. St. Bartholomew's Hosp.
- 3717 Miss J. E. Carver, cert. " " "
- 3718 Miss R. Silcock, cert. Queen's Hosp., Birmingham.
- 3719 Miss C. G. Jenkins (Supt. Nurse Barnet Union), cert. Portsmouth Inf.
- 3720 Miss E. M. Harvey, cert. Charing Cross Hosp.
- 3721 Miss P. M. Parker, cert. North Ormesby Hosp., Middlesbrough.
- 3722 Miss J. Calvert, cert. The Inf., Wrexham.
- 3723 Miss E. E. Heywood, cert. Taunton and Somerset Hospital.
- 3724 Miss G. A. Davison, cert. The Inf., Peterborough.
- 3725 Miss M. Church, cert. Holborn Inf.
- 3726 Miss F. G. Brown, cert. Cleveland Street Inf.
- 3727 Miss M. Brady, cert. Hope Hosp., Pendleton.
- 3728 Mrs. M. Barber, cert. " " "
- 3729 Miss M. L. Baines, cert. Leicester Royal Inf.
- 3730 Miss N. Leane, cert. Brighton Infirmary.
- 3731 Miss E. Cooke, cert. Royal Free Hospital.
- 3732 Miss T. J. H. Crumlish, cert. General Inf., Macclesfield.
- 3733 Miss D. E. Phillips, cert. Farnham Inf.
- 3734 Miss T. L. Rohl, cert. Charing Cross Hosp.
- 3735 Miss J. Smith Slimon, cert. Kingston Inf., Kingston-on-Thames.
- 3736 Miss R. M. Parton, cert. Townley's Hosp., Bolton.
- 3737 Miss H. Lambert, cert. Brighton Infirmary.
- 3738 Miss A. Harrower, cert. Edinburgh Roy. Inf.
- 3739 Miss S. McPhee, cert. Stobhill Hosp. Glasgow.
- 3740 Mrs. M. Dudding, cert. Central London Sick Asylum.
- 3741 Miss N. Gibbins, cert. General Hosp., Birmingham.
- 3742 Mrs. J. E. Taylor, cert. Central London Sick Asylum.
- 3743 Miss E. Byrne, cert. Poplar and Stepney Sick Asylum.
- 3744 Miss A. M. Moonan, cert. Hendon Inf.
- 3745 Miss K. A. Longland, cert. Great Northern Hosp.
- 3746 Miss A. G. Brameld, cert. Gen. Hosp., Cheltenham.
- 3747 Miss E. M. Hunting, cert. Norfolk and Norwich Hosp.
- 3748 Miss L. E. Hunting, cert. David Lewis Northern Hosp., Liverpool.
- 3749 Miss C. Goldsmith, cert. Addenbrooke's Hospital, Cambridge.
- 3750 Miss C. Gunn, cert. Central London Sick Asylum.
- 3751 Miss F. C. Stone, cert. County and Warwickshire Hosp.
- 3752 Miss C. McGilvray, cert. St. Bartholomew's Hosp.
- 3753 Miss M. McCullagh, cert. St. Luke's Hosp., Bradford.
- 3754 Miss H. M. Watt, cert. St. Bartholomew's Hosp.
- 3755 Miss E. M. Maconachie, cert. " " "
- 3756 Miss J. C. Goudie, cert. " " "
- 3757 Miss M. Henderson, cert. " " "
- 3758 Miss L. J. Perkins, cert. " " "
- 3759 Miss G. A. Massingham, cert. University College Hospital.
- 3760 Miss F. D. Lee, cert. General Hosp., Birmingham.
- 3761 Miss G. M. Ellis, cert. Westminster Inf., Hendon.
- 3762 Miss A. Barrett, cert. " " "
- 3763 Miss W. M. Gunn, cert. " " "
- 3764 Miss M. F. Hookway, cert. Kingston Inf.
- 3765 Miss A. S. Kirk, cert. " " "
- 3766 Miss M. E. Dolan, cert. " " "
- 3767 Miss M. W. Gaze, cert. " " "
- 3768 Miss M. A. McGlaim, cert. " " "
- 3769 Miss D. Quinn, cert. " " "
- 3770 Miss M. J. Neiland, cert. " " "
- 3771 Miss S. E. Watkins, cert. " " "
- 3772 Miss M. A. Binns, cert. Inf. Beckett Street, Leeds.

- 3773 Miss E. M. Sutcliffe, cert. Union Hosp.,
Bradford.
- 3774 Miss E. Wild, cert. Inf., Ashton-under-Lyne.
- 3775 Miss H. Salkeld, cert. North Ormesby Hosp.
- 3776 Miss Margretta E. Hay, cert. General Hosp.
Birmingham.
- 3777 Miss G. W. Wood, cert.
- 3778 Miss Jane M. Seddon, cert.
- 3779 Miss Elizabeth Harvey, cert.
- 3780 Miss M. F. Fitzpatrick, cert.
- 3781 Miss S. G. Iles, cert.
- 3782 Miss Ethel M. Froggatt, cert.
- 3783 Miss O. Summerhill, cert. Queen's Hosp.,
- 3784 Miss Mabel Summerhill, cert. "
- 3785 Miss E. R. Bennett, cert. Gen. Inf., Worcester.
- 3786 Miss E. D. Bullock, cert.
- 3787 Miss Dora H. Bennett, cert. "
- 3788 Miss Meta M. F. Gregg, cert. The Inf.,
Birmingham.
- 3789 Miss E. S. Unwin, cert.
- 3790 Miss Clara Moore, cert. Roy. S. Hants. Hosp.
- 3791 Miss E. F. Morris, cert. Warneford Hosp.,
Leamington.
- 3792 Miss F. L. Hill-Davis, cert. " " "
- 3793 Miss M. G. Morris, cert. " " "
- 3794 Miss Florence J. Morgan, cert. General Hosp.,
Swansea.
- 3795 Miss Lily Ellis, cert.
- 3796 Miss Mabel Callard, cert.
- 3797 Miss H. Strachan, cert. Roy. Inf., Dundee.
- 3798 Miss M. A. McLeod, cert. " " Aberdeen.
- 3799 Miss K. A. Davies, cert. Eastville Hosp.,
Bristol.
- 3800 Miss M. Poynton, cert. Roy. Inf., Oldham.
- 3801 Miss Margaret E. Watson, cert. N. Riding
Inf., Middlesbrough.
- 3802 Miss Charlotte M. Huband, cert. Withing-
ton Hosp., Manchester.
- 3803 Miss A. E. Kerslake, cert. County Hosp.,
Taunton.
- 3804 Miss L. D. Moffitt, cert. Ancoats Hosp.,
Manchester.
- 3805 Miss E. L. Price, cert. Gen. Hosp., Kettering.
- 3806 Miss E. Isdon, cert. Stanley Hosp., Liverpool.
- 3807 Miss E. M. Barker, cert. Guest Hosp., Dudley.
- 3808 Miss Rose Anderson, cert. " " "
- 3809 Miss M. Dickens, cert. Roy. Hosp., Sheffield.
- 3810 Miss Catherine Towler, cert. Bagthorpe
Inf., Nottingham.
- 3811 Miss Mary H. Holt, cert., Union Inf.,
Wolverhampton.
- 3812 Miss E. M. Adams, cert. The Hosp., Rugby.
- 3813 Miss E. Walker, cert. Gen. Hosp., Leamington.
- 3814 Miss Lily Cross, cert. West Ham Inf.
- 3815 Miss L. M. Willett, cert. St. Pancras Inf. (N.)
- 3816 Miss L. Taggart, cert. The Inf., Bury.
- 3817 Miss E. M. Leonard, cert. Charing Cross Hosp.

Dr. Elsie Inglis and fourteen members of the Scottish Women's Hospital first unit arrived in London on Tuesday last from Serbia. With twenty-five members of Dr. Banks' Red Cross unit they had to submit to eight days' detention on the Austrian frontier.

NATIONAL UNION OF TRAINED NURSES.

A meeting of the members of the London and of the scattered branches will be held at 46, Marsham Street, Westminster, on Thursday, March 9th, at 2.30.

Miss Beatrice Kent will speak on State Registration, and Miss Atkey on the Voluntary Nursing College scheme.

Members are invited to attend, and to send their names to the Secretary, stating to which of the above Branches they belong.

The National Union of Trained Nurses was represented by Miss Cancellor at the Conference summoned by the Hon. A. Stanley for February 23rd to consider the proposal for a Nursing College.

The following appointments have been obtained:—

Miss R. A. Corbett, Urgency Cases Hospital.

Miss Ida Peile, Night Sister, Cirencester.

Miss I. G. Webb, Russian Unit for Refugees.

Miss W. B. Allen, Sister, Section Hospital,
Winchester.

Miss C. Elliott, Friends War Victims Relief,
Chalons.

Miss M. Elliott, " " " " "

Mrs. Maskelyne, Sister, "Victoria" Home for Sick
Children, Margate.

BRITISH WOMEN'S MATERNITY UNIT FOR REFUGEES IN RUSSIA.

(Organized by the N.U.W.S.S.)

Extract from letter from the Administrator at Petrograd:—

"The unit has actually arrived. They were due on Saturday (February 6th), and as we did not hear we took three large carriages, horribly expensive luxuries, and met that train arriving home at 1 a.m. As they did not come, the hotel filled up their three rooms, and I had to make entirely fresh arrangements for that lot next day. Next morning their wire came, and we duly met them, and spent some hours depositing them until 2 a.m. The Matron was put on a shake-down in the drawing-room of the pension, where she was constantly disturbed; and finally the gas geyser was out of repair and they only had cold water. The unit came through gloriously without a hitch. The barak is getting on and they will start shopping in earnest for it this week. The difficulty is that each person has to have an interpreter for every bit of work they do. The nurses are bent on giving no trouble and making the best of things; they produce a most favourable impression. They are seeing Petrograd and getting to know their way about. Getting about is a very serious difficulty now, the sledges and trams are so few. I am trying to arrange classes in Russian for them. Two of the nurses have

gone as a favour to help with urgent cases of illness here for a week or so (until the barak is completed); the need was very pressing."

The nurses were selected by the National Union of Trained Nurses and are Members of the Union.

Miss Violetta Thurstan, Secretary of the N.U.T.N., who went out as professional organizer, is expected home in March, when she will resume her duties at the offices of the Union, 46, Marsham Street, Westminster. She is at present making a tour to study the conditions of the Refugees in Kazan, Nijni-Novgorod and Kieff.

APPOINTMENTS.

MATRON.

Cheadle, Barnes Convalescent Home.—Miss Isabella M. Ewins has been appointed Matron. She was trained at the Leeds General Infirmary and Birmingham Hospital for Women. At Leeds she held the positions of Sister, Night Superintendent, and Home Sister. Miss Ewins has recently been Sister-in-Charge of the Ida and Arthington Hospital, Coorbridge, Leeds.

NURSE-MATRON.

Keswick, Mary Hewetson Cottage Hospital.—Miss Margaret Crosse has been appointed Matron-Nurse. She was trained at the Royal Infirmary, Edinburgh.

Chippenhams Joint Isolation Hospital.—Miss Margaret E. Day has been appointed Nurse Matron. She was trained at Middlesbrough and Linthorpe Hospital and Broomlands Children's Hospital, and has been Sister at Harton Hospital, South Shields, Charge Nurse at Parkhurst Infirmary, Newport, Isle of Wight, School Nurse, Middlesbrough County, and Sister, Isolation Hospital, Hebburn-on-Tyne.

SISTER-IN-CHARGE.

Derby Borough Isolation Hospital and Sanatorium.—Miss Constance Stonehouse has been appointed Sister-in-Charge of the phthisis wards. She was trained at St. Thomas's Hospital, and has been Queen's Nurse at Reading, and has recently been Sister at the Fever Hospital, Little Bromwich, Birmingham.

SISTER.

Sheffield Royal Infirmary.—Miss Alice Stone has been appointed Massage Sister at the Royal Sheffield Infirmary. She received her general training at St. Bartholomew's Hospital, Rochester, and her massage and electrical certificate at the National Hospital, London. For the last year Miss Stone has been Masseuse at her training school.

NIGHT SUPERINTENDENT.

Ashton-under-Lyne Union Infirmary.—Miss Lizzie Williams has been appointed Night Superintendent. She was trained at the Edmonton

Infirmary and has been Sister, Maternity Sister and Night Superintendent at the Norwich Poor Law Infirmary. She is a certified Midwife.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Hannah Dando is appointed to Bath; Miss Maud M. Phillipson, to Paddington; and Miss Caroline Sowden, to Chatham, as Senior Nurse.

OUR ROLL OF HONOUR.

FIGHTING MEN FIRST.

The last number of *Kai-Tiaki*, the Journal of the Nurses of New Zealand, gives the names of the heroic nurses who went down on the British transport, *Marquette*, which was torpedoed and sunk in the Aegean Sea on October 23rd last. We agree with *Kai-Tiaki* that the disaster brings home to us the risks and dangers which surround our nurses on active service. The calamity inspires us with awe; but we know that it will not deter any nurse from offering her services for foreign service, and deeply as we mourn the loss of so many members of our profession, we are proud to know that they gave their lives willingly for their King and Country. The names of the ten brave women are as follows:—

Margaret Rogers, Nora Hilyard and Lorna Rattray, trained Christchurch Hospital.

Marion Brown, trained Riverton Hospital.

Isabel Clark, trained Oamaru Hospital.

Catherine Fox and Mary Rae, trained Dunedin Hospital.

Mary Gonman, trained Waimate Hospital.

Helena Isdell, trained Kumara and Napier Hospitals.

Mabel Jamieson, trained Palmerston North Hospital.

AN EDITH CAVELL MEMORIAL NURSE.

An interesting appointment has been made in the selection of Miss Alice Fitzgerald as an Edith Cavell Memorial Nurse. Miss Fitzgerald, who was trained at the Johns Hopkins Hospital, Baltimore, is the representative of some friends of the Allies in the State of Massachusetts, U.S.A., who have asked the British Military Authorities to accept her services for the rest of the war, believing that in so doing they are establishing, in the best way open to them, a living memorial to Edith Cavell.

Mr. William Roscoe Thayer and others associated with him state that the offer, though unconditional, is made in the hope that it may be this nurse's high fortune to serve not only the Allies' heroic wounded, but their prisoners.

Miss Fitzgerald is a highly experienced nurse and has had experience of nursing in Europe, as she helped to nurse the sufferers at Messina after the earthquake. She speaks fluent French, Italian and German.

NURSING ECHOES.

We ask our readers to study carefully the almost *verbatim* report, which appears in this issue, of the interview between the Hon. Arthur Stanley, M.P., and his advisers, and the representatives of selected societies of nurses, who were invited to discuss the Voluntary Nursing College Scheme. We do not propose to criticise the scheme as now presented until after the Meeting, to take place on Thursday, March 2nd, between the official representatives of the Central Committee for the State Registration of Trained Nurses and Mr. Stanley and his advisers.

The Kilburn Police have made a presentation to Nurse Hosken, of the Hendon Military Hospital, who pluckily assisted a constable with two violent prisoners, whilst a number of men looked on and refused to help. We congratulate Nurse Hosken on her courageous sense of duty.

Sir William Collins presided at the Annual Meeting of the Central Council for District Nursing in London, which was held on Friday, February 25th, in the Board Room of the Metropolitan Asylums Board Offices, E.C., when the draft annual report was approved for publication. After some discussion, the Executive Committee was authorized to prepare and publish a Directory of District Nursing.

In connection with the Report, the Executive Committee submitted the outline of a scheme for the district nursing of measles, German measles, and whooping-cough in London. It is now compulsory in England and Wales that both measles and German measles should be notified to the Medical Officer of Health. Whooping-cough is not at present notifiable, and therefore information is chiefly derived from School Authorities.

The report contains an admirable short statement drawn up by Dr. Caiger for the guidance of a nurse in regard to measles; the whole outline should be carefully studied, for measles is one of the most fatal of diseases when neglected, and the scheme suggested affords some hope that at last, in the London area at least, skilled nursing and other agencies may be applied to its relief on a comprehensive scale.

On the motion of Sir Arthur Downes, it was agreed that an Executive Committee be appointed, one of its terms of reference being "To inquire as to the adequacy and efficiency of the provision of District Nursing within the County of London."

A most interesting item in the report of the

Birmingham District Nursing Society, presented to the annual meeting on February 22nd, when the Lord Mayor, Alderman Neville Chamberlain, presided, was the reference to the provision by the Society of "works nurses" to factories within the city. In no fewer than six munition works nurses are in full practice under the supervision of the Superintendent of the Society.

In moving the adoption of the report, the Lord Mayor made

special reference to works nurses, and said he had had something to do with the establishment of the first works nurses two years ago at the B.S.A. (Birmingham Small Arms), and would like to say what a great success she had been. Not only was there the actual saving to the firm of the time of the men with slight injuries, which, owing to the skilled attention available, were prevented from developing into anything more serious, but the nurse maintained a splendid moral tone throughout the works. The fact that the B.S.A. had applied for more nurses was the best tribute to the one sent first. It was very important that where there was expensive machinery, attended to by



MISS HOSKEN.

expensive men, that the latter should not be thrown out of work by injuries of which the serious consequences might easily have been avoided if the wounds had been kept clean from the first. He believed that before very long no works employing a considerable number of people would feel their organization complete unless they had a nurse on the premises.

The Lord Mayor of Leeds, Mr. Charles Lupton, presiding at the Annual Meeting of the Leeds District Nursing Association, referred to the excellent report given to the nurses by the inspector, and said that the good name the nurses had gained throughout the city was probably a sufficient criterion of their work. He did not know whether the results of their work produced the happiness of the nurses, or whether the happiness of the nurses led to their work being so excellent. A bright, cheerful nurse was more likely to be a success than one who was overworked.

The Archbishop of Dublin, who presided over the Annual Meeting of supporters of St. Patrick's Home for Supplying Trained Nurses to the Sick Poor, said that he had lived hard by St. Patrick's Cathedral in the slums for a considerable time, and had seen for himself something of the work the St. Patrick's nurses did. There were no persons who took a more sympathetic interest in their work. The City of Dublin owed a great deal to them. He expressed the meeting's gratitude to the faithful women who, in sunshine and storm, worked day by day among the poor, without advertisement, without their names being known outside the walls of the Home.

Miss H. M. Hutton said that Florence Nightingale was known as "the Lady with the Lamp"; the St. Patrick's Nurse was popularly known as "the Lady with the Bag," and was as eagerly looked for, and as welcome, as Florence Nightingale had been at Scutari.

The annual report mentioned that owing to the reduction in the size of many families, and the excellent separation allowances received, there had been a decrease of poverty, which had exercised a beneficial effect on the health of the people.

Memorials to the late Miss Cavell are being organized in many directions. Wallesey's tribute to her memory was paid last week, when the Mayor and Mayoress were present at the Victoria Central Hospital, Liscard, at the unveiling of a mural tablet commemorative of the gift to the institution of a sum of £320 raised by public subscription.

BABIES' CAMPS.

"If so soon as this I'm done for,
I wonder what I was begun for."

This pitiful epitaph might be written over tens of thousands of little graves in the crowded cemeteries of our large towns.

To what purpose is this waste?

And wherein lies the remedy?

Statistics show that among the many other causes of the high rate of infant mortality in the first year of life, there are two factors—artificial feeding, and want of proper air space.

It is obvious, having regard to the so-called freedom of the citizen, that in the vast majority of cases the infant must be left to the sweet will of the mother, be she good, indifferent, or not quite too bad. If she oversteps the badness the law can intervene and often does so with indifferent success. In this direction the Infant Welfare Society does excellent work in the education of the mother. But it is to the thorny question of the illegitimate child, and the unmarried mother, that the State needs to turn its attention, for it is from them that the appeal comes, and it is only possible to help those who are willing to accept assistance. This class of infants in a large majority are separated from their mothers in the first critical weeks of their lives.

They are born for the most part in maternity homes, lying-in hospitals or in workhouse infirmaries. It is only in the last-named institution that the mother can, if she so desire, remain in touch with her infant. But this course, if beneficial to the child, is disastrous to the young mother, as her surroundings tend to her demoralisation. At the end of a month the girl usually returns to service, or other work, and places her infant with strangers at a payment of 5s. a week (with milk at 5d. a quart). Small wonder if, with the best intentions, the foster-mother diminishes the milk, and makes up the bulk with barley water. A case came under our notice the other day, where a child of seven months was getting one pint of milk and *five parts* of barley water in the twenty-four hours. The Infant Life Protection Act ensures that the homes selected for this purpose are suitable, and that the foster-mothers are fit and proper persons to have the care of infants. Given ideal conditions, it must be acknowledged that this system is the best possible method of dealing with this problem, as it ensures the individual care and nurturing which alone can bring any measure of success to infant rearing. But even here are objections. First, the child is separated from the mother. It is difficult to find a sufficient number of homes for this purpose. There is the risk that the mother from one cause or another may fail to keep up her payments, and all but a very few women of the poorer classes, though well-intentioned and, as a rule, devoted to their charges, are ignorant of the first principles of artificial feeding and obstinate in their use of the "comforter."

Babies' Homes have been tried over and over

again, but it has been found inadvisable to keep young infants together in numbers as the mortality has always been high among them. How are we, then, to deal with these little citizens, now especially, when every life is of such value, and when it is remembered that the boy babies are the more difficult to rear, and that the coming generation will have to make good the waste of manhood in this deplorable war. If we consider then two of the preventable causes of infant mortality—artificial feeding and want of fresh air—the question arises in our minds, to use an Americanism, "What's the matter with a Babies' Camp, with their mothers to nurture them in the first year of their lives? An open-air camp, in the southern or western counties, with a baby expert at its head, and mother love, and mother's milk to supplement scientific skill? What's the matter with that? Only the essential £. s. d. If such a scheme were to be carried out on anything like an adequate scale, it would, of course, have to be financed by the State, and money thus expended would prove a far better investment as a preventive measure than that spent in building large institutions for the treatment of children, diseased from preventable causes. Great things have always had small beginnings, and this scheme in embryo would be a splendid enterprise for some philanthropic person with money to spare.

The eternal laundry that seems at present to be considered the one and only suitable occupation for the institutional unmarried mother, could well be carried on in the vicinity of the camp, and would bring grist to the mill. In these days of motor traffic the work could be collected and returned to the large towns and the clothes would smell the sweeter if dried by the heather where our dream camp exists. It is also possible without wild flights of the imagination to think of other occupations for the girls, which would be healthier for their bodies and minds, and would tend to restore to them the "years that the locusts have eaten."

We are informed by farmers that one reason for the increased price of milk is that it is impossible, owing to the shortage of labour, to get the milking done. For the same reason crops are spoiled with weeds, and the sowing cannot be accomplished. It appears that we are greatly dependent on imported eggs. Chicken farms are immediately suggested. Then there are bee industries, market and nursery gardening. In these days, when so much is said about the economy of making every foot of land produce, acres are lying idle, and hundreds of strong young girls are eating out their hearts in dull occupations, and their infants are pining and dying among strangers.

We shall at once be told that such a scheme is "putting a premium on vice." Many of these girls are in no sense vicious. There still clings in the minds of many persons, generally men, that a woman, once down, must remain where she fell.

Away with such un-Christian notions!

The land is crying out for these girls, and the girls will answer the call with all their hearts, if

they are given the chance. They would and, perchance, in it the healing of their souls.

We have only to shut our eyes and the picture rises up before us of little brown infants lying about on sweet-smelling heather or daisy-dappled meadows. We can see surrounding us the sheds, each with its little cot beside the mother's bed, the sweet air making havoc of the bed-clothes. We can figure among them our very best babies' nurse, who must have a laughing face and rosy cheeks, and who must love the babies. It is the dinner hour and back come the mothers with flying feet to snatch up each her own particular little possession and kiss and cuddle it.

The picture of a Babies' Camp thus sketched in rough outline invites some pioneer to fill in the detail and carry it out with capital. The State can perhaps be then induced to follow the lead in its usual leisurely fashion.

H. H.

FOR CATHOLIC NURSES.

Dean Dolan performed the ceremony of opening a Catholic Nurses Club on Tuesday evening, which has been established at 8, Watson Road, Broomhill, Sheffield. The club will continue the work which was carried on in Brunswick Street up to last Christmas, and will afford facilities for rest and recreation for the nurses belonging to the Catholic Women's League.

HORLICK'S MALTED MILK RATION.

It is unnecessary to enlarge to nurses upon the virtues of Horlick's Malted Milk. It is an old and trusted friend to most of them. The firm, ever alert to meet the needs of the moment, has now produced a neat and compact twenty-four-hour ration of Horlick's Malted Milk Tablets, which has been largely purchased by the War Office. Many of the officers and men of our Expeditionary Forces who have been fortunate enough to receive them as gifts from friends at home, and through the regular channels, are loud in their praise and appreciation. It is a flat, round, airtight tin, $3\frac{1}{2}$ in. in diameter by $\frac{7}{8}$ in. deep, weighing only 7 oz. and containing eighty tablets in three layers. From ten to twenty of the tablets dissolved in the mouth as required supply the nourishment given by an ordinary meal, and one tin provides all the nutrition necessary to maintain strength and vigour for twenty-four hours, even when other food is unobtainable. These 24-hour Ration Tins are supplied exclusively for use by men at the front, but for the soldier still in training at home sixpenny and shilling glass Pocket Flasks of Tablets are available as hitherto. The ration tins are obtainable of chemists and stores and cost eighteenpence each. We learn from a worker in a Y.M.C.A. Recreation Hut that Horlick's Malted Milk is a most popular beverage with the men. We can well believe it. It has for some time been one of the most popular drinks for men on active service.

SAINT JOAN OF ARC.

The members of the British Parliamentary Committee, during their recent visit to Paris, placed on the statue of Joan of Arc, in the Place des Pyramides, a wreath, with the following inscription:

"The representatives of the British Parliament place at the feet of Joan of Arc this wreath, as a symbol of the complete reconciliation between the two nations, at a time when the two nations, united by the same sentiment of veneration for this heroine of ancient France, defend the liberty of the world."

BOOK OF THE WEEK.

"TASKER JEVSONS." *

He was, when we are first introduced to him, reporting football matches. Before that he had been a compositor. "If he had been handsome he'd have been dreadful. His flush, his decorative eyes, his dark eyebrows and eyelashes, his sleek-light brown hair would have made him vulgar. As it was, his queeriness gave him a sort of point. If anybody had asked me that night what I saw in him myself beyond an ordinary little journalist 'on the make,' I don't suppose I could have told them. But there's no doubt that I felt his charm, or that night would have been the end instead of the beginning." This story is written in the first person by the man who was Jevons's brother-in-law, and who had intended that the girl whom Jevons married should have been his wife instead. Socially speaking, Jevons was impossible, and the girl Viola, his wife, was the daughter of an irreproachable Canon of Canterbury, whose environment breathed of culture, and Tudor houses and velvet lawns and all such things.

Viola bred in this atmosphere got terrified at its immense dignity and dullness; she had seen her sisters married suitably, and was determined that she herself would never make a suitable match. This was the subconscious reason why she ran away and applied for the post of typist to Mr. Furnival, the writer of this story. Furnival was suitable and well-bred and well off, and his typist was charming and pretty and piquante, and so, of course, he fell in love with her, but his extreme suitability was the drawback with her. But Jevons! Viola Thesiger and Jevons! Yet she married and adored him.

She also adored her brother Captain Thesiger, and it wasn't very likely that he would swallow Jevons.

"When Jevons came in I saw the gallant Reggie take the shock of him. I don't suppose he had ever before met anything like Jevons—I mean really met him at close quarters—in his life. But he was gallant and had his face well under control." Then, of course, he did not dream that his sister had any idea of taking

him for her husband. And when it dawned upon him —

But however vulgar and impossible Jevons was, he had an undeniable fascination, and was also a genius. Underlying all this was a certain sweetness of disposition. But it required all these qualities and a great many more to make him acceptable in the dignified circle of Canterbury. After Viola's marriage they forced themselves to ask her and Jevons to spend a week. At the end of three days Jevons had had enough.

"I can't," he said, "go on giving that dear old clergyman a sore throat, I frighten him so that he can't sing. He doesn't know what to do with me or say to me. He doesn't know what to call me. Besides, he agitates me and makes me drop my 'aitches.'"

But in spite of this, Viola continued to adore her Jimmy, though at times his manners and speech made her "cold all down her spine."

The character studies of the immaculate Reggie, and of the rest of the Canon's family, are admirably done, as is also the description of their house and surroundings. It was not until Jevons began to succeed in a big way as novelist and playwright, that he became vulgar in the real sense. Up to that date in spite of his genius he was ingenious and simple-hearted.

It began with his Tudor house and housewarming, and then also began tragedy for Viola, for she awoke to the conviction that she could not "stand" Jevons. His brother-in-law says of him: "Just when you had made up your mind you couldn't bear him, he would go and do something so beautiful that it made your heart ache."

The housewarming in the house in Mayfair, when the whole of the Thesiger family had condescended to be present, was of a truly amazing character. It was as if Jimmy had wanted to say to the Thesigers that if it came to being Tudor, he could be as Tudor as any of them and more so. Thus deeply had he absorbed the Canterbury atmosphere. . . . I shall never forget the general's face as the suits of armour struck him. The Canon rose to even greater heights. We were afraid he would overdo it and look as if he were trying to show us how a Christian gentleman could bear such things as Jimmy's furnishing. But no! He behaved as though Jimmy's Tudor hall and miscellaneous drawing-room were his natural background."

It was about this time that Viola became unable to stand Jevons; and the things he bought her—"hats that even Jimmy owned it was impossible for a woman to wear." I can see his face saddened and a little puzzled by these failures, and I can hear him saying (it was after the opera cloak and the hysterics): "Walter, you can monkey with a woman's 'eart, and you can ruin her immortal soul, but if you meddle with her clothes —"

Read the rest for yourselves. Jevons is a real refreshment.

H.H.

* By May Sinclair. Hutchinson & Co., London.

COMING EVENTS.

March 10th.—Central Committee for the State Registration of Nurses. Interview with officials of the Ministry and the Hon. Arthur Stanley, M.P., and members of the Council of the Victorian Nursing College Scheme, 83 Pall Mall, S.W. 3.30 p.m.

March 11th.—City of London Hospital Lecture. "Evolution of the Nurse" by Mr. Gordon Levy.

March 14th.—The Association for Promoting the Training and Supply of Midwives. Annual meeting at 40, Cadogan Place. 3.30 p.m.

March 15th.—Central Medical Board. Monthly meeting. 3.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE NURSE PAYS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Kindly meant, no doubt, was the promise made at the Nursing College meeting by Mr. Stanley, that all those earning "their bread" in the Registration cause would be provided for under his new scheme; but is it possible that he does not know that we nurses have spent thousands and thousands of pounds in the past thirty years in making our claim for legal status, and protecting ourselves against injurious attempts to control our profession? Why, the Royal Charter, I believe, cost well over £1,000 alone. Then nearly every Nurses' organization is run by voluntary effort. It will be easy enough to pay for the "bread" we registrationists get out of the movement. I fear we shall never be repaid for what it has cost us in money, time, health and bitter disappointment, especially if, after all our work, we are to be deprived of the fruits of our labour.

Yours truly,

VOLUNTARY WORKER FOR TWENTY YEARS.

[We regret being compelled, for want of space, to hold over correspondence.]

WOMEN NURSES IN MALE WARDS OF ASYLUMS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Why should there be such a prejudice against the nursing of male insane patients by women nurses? Experience goes to prove that they can most usefully be employed in the male wards of asylums, and that the administration, tone and standard of nursing in such wards is admirable. Dr. G. M. Robertson, first at the Stirling District Asylum, Larbert, and now at the Royal Edinburgh Asylum, Morningside, has demonstrated this conclusively, and he

deserves the thanks of women asylum nurses for giving them their chance to prove their capacity in male wards, and the thanks of the patients, who certainly appreciate being nursed by women, and are often quite amenable to them, when they are difficult or even violent with male attendants.

I do not wish to be understood to disparage the work of male asylum nurses, much of it is admirable, and many of the male attendants devoted and conscientious. But after all nursing is eminently women's work, and what I wish to emphasise is that in the majority of male wards in asylums there is nothing against their employment. Quite the contrary. I think it is important to emphasise this fact in these days when men are needed to fight their country's battles. Many asylum attendants could quite well be spared if the services of women were utilized to the greatest possible extent as their substitutes. A friend of mine with much experience in asylum work tells me she would far rather nurse insane men than insane women, and many mental nurses are of the same opinion.

Yours faithfully,
THREE YEARS' CERTIFICATE.

REPLIES TO CORRESPONDENTS.

Sister Amy, Manchester.—The Nurses' Registration Bill provides for a three years' term of grace, so the sooner it is passed the sooner we can begin to build up the profession on a standard training and examination. If it had been passed as it should have been ten years ago, we should now have been a strong, recognised body of skilled professional women, instead of a chaotic mob with neither standards nor protection. Glad you have joined the S.S.R. Get all your certificated friends to do likewise. Unless trained nurses co-operate they may find themselves in a dangerously dependent position.

OUR PRIZE COMPETITIONS.

March 11th.—(a) What is intestinal colic? (b) What are the common causes? (c) What is the usual treatment?

March 18th.—Why has the Cocaine Habit such ruinous results to health?

March 25th.—What care should refrigerators receive? How would you preserve ice?

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on 9th and 10th March, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage are additional advantages, also a knowledge of French.

The Midwife.

NUTRITIONAL DISORDERS.

The sixth lecture of the Advanced Course of Infant Care was delivered on February 28th at the Royal Society of Medicine by H. C. Cameron, Esq., M.A., M.D., M.R.C.P. His subject was "The Study of Nutritional Disorders in Infants and Young Children." The lecturer began by comparing the work of the Infant Welfare Centres with that done in the Children's Hospitals. The one was Preventative, and the other, so far as was possible, Curative. In the former the work was carried on in a fairly definite routine by lay help. It was important work, but dealt with healthy babies. When the infant falls sick, it crosses the line and it was a very dark country for medical explorers. The lecturer said he could draw no clearly-cut pictures, though he was aware that there were many books which dealt with the disorders of infancy as though it was a simple study.

If he were to define a healthy child, it would be one who was capable of keeping a steady weight, who thrived on a diet of rational composition, and whose resistance to catarrhal infection was good.

There were a certain number of infants whose only sign of trouble was the failure to gain weight, there were no symptoms such as colic, vomiting or diarrhoea. When the weight showed a steady rise for three or four weeks, it would be a sign of complete stability. Where the weight chart was irregular and there existed the condition known as "weight disturbance," the infant was in a parlous condition. Weight disturbance had been known to persist for three months. Sooner or later more serious conditions would arise. The failure to gain weight in an infant was equivalent to loss of weight in an adult.

Dyspepsia was not absolutely confined to unsuitable feeding; if it were so the treatment would be much simpler.

Even among the very poor dyspepsia in the infant was not so frequently due to this cause. It often happened that two dozen children would be seen thriving upon a rational food, and one on the same diet would be dyspeptic. Probably this would be due to some catarrhal condition in this particular infant. Primary dyspepsia was often due to an excess of fat or sugar, the two conditions having different symptoms. This especially occurred where dried milk or condensed milk was used. These foods being highly concentrated, much would depend on the measure used and the amount of water added. Sugar dyspepsia was often seen in the children of the poor who used condensed milk, and would often make the mixture very strong, thus largely increasing the percentage of sugar.

It was much more common in the hot weather. This was a fermentative dyspepsia, sugar being a great heat producer. Infants under the age of eighteen months had no means of balancing heat formation, or of throwing off extra heat. They were also much more thirsty in the heat, and instead of water being given, they received more and more of the sugary composition.

But the majority of cases of dyspepsia were due to secondary causes though the catarrhal gastro-intestinal condition was apt to dominate the whole picture.

The only function that an infant had was that for taking food, and it was capable in the 24 hours of taking a 5th or 6th of its own weight, which was a terrific feat.

Dyspepsia which occurred in an obscured pyrexial attack would lead the mother to try various kinds of food, and the symptoms subsiding led her to suppose that the improvement was due to the last food tried.

This he instanced in a breast-fed child that had pyrexial toxic disturbance; and on careful examination it was found that it had infantile paralysis of one leg. This was a permanent evidence of the cause. But often the causes were not evident, and had passed away before the doctor saw the child.

In one hundred cases of dyspepsia seen by the lecturer, 80 per cent. were suffering from catarrh in one place or another.

Respiratory catarrh seriously interferes with breast feeding, as the infant has constantly to leave go of the breast. Often the mother loses her milk in consequence, as the proper suction apparatus to keep the milk going was not properly applied. Broncho-pneumonia, conjunctivitis, middle ear disease, eczema, urticaria, were all catarrhal affections, and did not occur in a child whose diet suited it, but only in those whose powers of resistance is lowered. In a healthy child the skin and mucous membranes should be capable of resisting any amount of bacteria. One often saw a dirty, grubby little mortal, with filthy little nails which he stuffed in his mouth, perfectly healthy because he was fed on a suitable diet and maintaining his weight. The healthy child the lecturer considered should be able to take a whole milk diet, and if this had to be modified in case of sickness it should be reintroduced when weight stability was established. There were, of course, instances where infants remained intolerant of whole milk.

The lecturer threw on the screen some interesting specimens of weight, temperature, and food charts.

Dr. Pritchard's lecture will be given on March 6th, and that by Miss Florence Petty on the 13th, and not as previously announced in the Syllabus.

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EDITORIAL.

THE ROYAL COMMISSION ON VENEREAL DISEASES.

The report of the Royal Commission appointed to inquire into the prevalence of Venereal Diseases in the United Kingdom, their effects upon the health of the community, and the means by which those effects can be alleviated or prevented, issued last week, is of the utmost importance, and the recommendations of the Commissioners show that they realize the gravity of the national problem revealed in the course of their inquiry.

The Commissioners are strongly of opinion that improved records of sickness in hospitals and Poor Law institutions are urgently needed, and they considered that the Local Government Board should devise a uniform system with the object of securing accurate statistical information as regards the prevalence of disease among persons who receive institutional treatment.

Of special interest to nurses and midwives is the evidence given by Miss Amy Hughes, and Miss Alice Gregory.

Miss Hughes in reply to a question from the Chairman as to whether the training given to midwives, and also to trained nurses, on the subject of these diseases is quite inadequate replied: "They are not told anything, occasionally they have an instruction lecture given them. We have asked for them to be given to Queen's Nurses, and we have had them given by the lady doctors, but they do not see the cases in their training. You do not get the midwives and nurses shown the prevalence of these diseases and how to recognize them." Miss Hughes considered that all nurses and midwives should be able to recognize certain specific symptoms attaching to these diseases. In a large provincial hospital a separate room is, she said, set apart for

these cases and the nurses are not allowed to go into it. "Yet, when we are trained, we have to go out and deal with sick people in every condition of life."

Asked "Have you had no lectures in the course of your training on this subject?" Miss Hughes said: "It was referred to but we were not taught it properly. There was a sort of veil drawn over it. It is left for you to imagine and find out for yourself." She was very strongly of opinion that the training of nurses and midwives ought to be effectively supplemented in this direction.

Miss Gregory, to whose evidence we refer in another column, was equally emphatic.

Amongst the recommendations of the Commission are the confidential registration of the causes of death, diagnosis and treatment of venereal diseases to be subsidized from Imperial Funds and the Local Rates, the provision of cards of instruction and warning at the public expense to be handed by doctors to their patients, further the detention, where necessary, of Poor Law patients suffering from venereal diseases, the prohibition of advertisements of remedies; communications by doctors to parents or guardians, with the object of preventing or delaying marriage with a person in an infectious condition from venereal disease, to be regarded as privileged; statutory recognition of the principle that infectious venereal disease constitutes an incapacity for marriage, and that the process should be made available for all persons, however poor, but nullity of marriage on such grounds should not render children illegitimate; the adequate practical instruction of medical students in these diseases.

The Commissioners conclude from the evidence that the number of persons infected with the graver form of disease cannot fall below 10 per cent. of the population in large cities, and that the whole number affected must greatly exceed this proportion.

OUR PRIZE COMPETITION.

AN INGENIOUS INSTRUMENT.

WHAT IS INTESTINAL COLIC? WHAT ARE THE
COMMON CAUSES? WHAT IS THE USUAL
TREATMENT?

We have pleasure in awarding the prize this week to Miss A. McClure, Nurses' Home, St. Bartholomew's Hospital, E.C.

PRIZE PAPER.

Intestinal colic is a gripping, spasmodic pain in the umbilical and hypogastric regions. There is generally tenderness, but no rise in temperature. In infants a drawing up of the upper lip, a loud spasmodic cry, and drawing up of the lower limbs indicate colic.

Cause.—Colic may be caused by indigested food in the intestine (often the cause of infants' suffering) or constipation, both causing increased muscular contractions of the intestines of a spasmodic nature, and also generating gases from the decaying matter which distend the intestine and increase the pain. The spasmodic contractions may be so severe in infants as to cause intussusception and necessitate operation. Chills, especially exposure to wet weather and standing about with wet feet, may also be a cause. In lead-poisoning, very severe colic lasting for days is always one of the symptoms.

Treatment.—Relief may be given by hot stupes, applying hot-water bottles (well protected) to the part, these by their weight giving a little pressure, which also helps to lessen the pain, or the patient may lie face downwards, pressing the abdomen on a pillow. In the case of infants, resting face downwards on the nurse's knee, or with her hand pressed on the part, will give relief, or a little gentle massage. Change of diet may be necessary for infants, to remove the cause (indigestion), and in adults, if constipation is the cause, an aperient should, under medical advice, be given. Carminatives, such as peppermint, oil of cloves, or a few drops of camphor, often give relief by diminishing the sensitiveness of the nerve endings. Care should be taken to avoid whatever has caused the attack, whether cold, or wrong diet occasioning indigestion.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss A. M. Jones, Miss B. Macintyre, Miss J. Mayne, Miss M. Burton.

QUESTION FOR NEXT WEEK.

Why has the cocaine habit such ruinous results to health?

A new instrument, which is still on its trial, is an ingenious bullet extractor, the use of which is made possible by X-rays. It seems almost incredible that so delicate an operation as the extraction of a bullet should be performed in the dark, but that is what actually happens.

When the room is darkened and the fluorescent screen placed in proper position, the shadow of the bullet and the points of the forceps appear when an X-ray tube is placed under the table. Of course, it is impossible for the surgeon under these conditions to use a scalpel, or any sharp instrument, and the bullet extractor is made with a blunt end, which gently works its way down by displacing the structures, rather than forcing its way through them. It is necessary that a skilled surgeon should perform the operation, for the results would be disastrous were an artery or nerve injured. To avoid any danger in this direction the blades of the forceps are connected with an electric bell, which only rings when both blades are touching the bullet, when they are open to grasp it, and when it is actually seized. The surgeon can therefore work with confidence, and with the assurance that he is not crushing any important blood vessel or other structure while he is extracting the foreign body.

The instrument (says the *Times*, which gives a full description of this interesting appliance) has been used with success in a number of cases, but it is still upon its trial; later on it will no doubt be possible to state whether or not this beautiful theory will stand the test of actual service conditions. It appears to have given good results in experimental work, but the real test will be when the instrument comes to be used by others than those who have carried out the investigations.

A SUPERSTITIOUS BELIEF.

At a meeting of the Devon Nursing Association, Sir Thomas Acland, Bart., referred to a superstitious belief prevalent in some of the rural districts that it was unlucky to cut a baby's nails. In the case in question a mother declined to cut her baby's nails until it was twelve months old. As the only person brave enough to bite them off—the father—was away at the Front, the result was that the little one's face was terribly scratched.

SYPHILIS IN RELATION TO DEAD-BIRTH AND INFANT MORTALITY.

By EARDLEY HOLLAND, M.D., F.R.C.S.

(Concluded from page 198.)

TREATMENT OF SYPHILIS.

The first thing I wish to impress on you is that syphilis is an absolutely curable disease, and may leave no harmful effects provided: (1) treatment is commenced early enough, and (2) treatment is continued long enough. The two great drugs which cure syphilis are mercury, and that comparatively new remedy Salvarsan, or 606, or, as the newer form is called, Neo-salvarsan. I will not enter into the details of how these drugs are administered or what are their doses, but you will especially want to know two points: (1) How long must treatment be continued? and (2) How can you tell when a patient is cured?

Treatment must be continued regularly for two years; this is a most important point. Patients, especially ignorant ones, cannot understand why treatment should continue for so long; after perhaps three months of treatment, all symptoms disappear, and they are apt to imagine the disease has been stamped out. No belief could be more false; the germs of the disease are still lurking in their tissues, ready to become active and cause a renewed outbreak of symptoms, or transmit the disease to their children. This sort of patient is frequently met with in out-patient practice, where we often notice our patients disappear long before treatment is completed.

The question as to when a patient is cured does not admit of a simple answer. If a patient has had proper treatment for two years she may usually be considered cured. But nowadays we can make quite certain by testing the patient by the Wassermann reaction. If this reaction, repeatedly tried, remains negative, we are certain of the cure.

SYPHILIS AND MARRIAGE.

You may often be asked the question as to whether a patient may ever marry after he or she has contracted syphilis. To this you may answer most definitely that such a patient may marry, without the least risk of transmitting the disease, provided the disease is thoroughly cured. Another most important question is how soon may a patient marry, or have children, after syphilis has been acquired. No one rule suits every case, but we shall be safe if we say that such a patient may marry at the end of three or four years, provided treatment

has been thorough, there has been absence of symptoms, and repeated Wassermann tests have been negative.

DUTIES OF NURSES AND MIDWIVES.

Considering the enormous number of mothers who are attended in child-birth by midwives, and who never see a doctor, it is obvious that midwives have a most important part to play in the saving of child-life by an intelligent application of their knowledge of syphilis.

There is no doubt that midwives are not taught enough about syphilis. In the rules of the Central Midwives' Board it is stated that the midwife is expected to have "some knowledge of the local manifestations of venereal disease in its effects on the newly born," and that in the case of a pregnant woman she is to send for medical help when there is a "purulent discharge" or "sores on the genitals." This is obviously inadequate. In the examination of the C.M.B. the first question ever asked on the subject was one set by myself in 1913. There is no doubt that reforms in this matter are quickly coming, but in the meantime it is your duty to acquaint yourselves thoroughly with a knowledge of syphilis and its effects on child-birth. You must never make an independent diagnosis of syphilis. This is entirely the doctor's duty, and you would be wrong to attempt it. You must be prepared to act as the intermediary between patients and doctors, to send them for diagnosis and treatment, to warn them how long treatment will last, and to impress on them the seriousness of the disease and the danger of transmitting it to their children.

It is your duty to be ever watchful, and to report every suspicious case to a doctor. You must not only be watchful for symptoms of active syphilis, such as sores on the vulva and rashes, but must also be on the lookout for early signs of syphilis in the infant. Furthermore, you must regard every premature macerated fœtus as syphilitic, unless you have good reason to believe that some other well-known cause has been responsible, such as albuminuria of pregnancy. You should be especially suspicious of the repeated birth of macerated fœtuses. Every macerated fœtus should be examined by an expert for evidence of syphilis. At present the means for doing this are inadequate, but the time may soon come when the authorities will organise the means for this. In the meantime, I can only advise you to do your best. Communicate with a doctor, or send the fœtus to a hospital where you think the investigation will be carried out for the pure love of science.

It is remarkable how ignorant the public is about syphilis. Herein nurses and midwives can play, and ought to play, an educative rôle; they come into very intimate and private relationship with their patients, often far more so than doctors do, and consequently they have opportunities often denied to doctors.

We are, I am thankful to say, quickly changing our mental attitude towards venereal diseases. They were long considered absolutely unmentionable subjects, and were looked upon as shameful diseases: the patients who suffered from them were looked on as moral outcasts. This is quite a wrong attitude; we should consider syphilis no more shameful a disease than smallpox or scarlet fever.

It is this wrong attitude that has no doubt been responsible for the shameful neglect of the Government of this and various other countries to deal with the prevention of syphilis. The disease can be propagated with impunity, can be treated by chemists and quacks, men and women can marry and continue to propagate macerated fetuses and diseased children. The loss to the national health and the national efficiency, and the misery caused by syphilis are greater than by any other disease. No doubt times are changing, and we live in hopes that the recent Royal Commission on Venereal Diseases will come to a useful conclusion,* and will have the courage to advise an efficient plan of campaign against venereal disease.

We must, at the present time, make the best of the very limited means at our disposal, and to my mind the best of these is to educate the public so that they may avoid contracting infection, may avoid infecting other people, may avoid transmitting it to their offspring, may be persuaded to present themselves early for treatment, and to continue that treatment until they are cured. And as an educative factor I know no class more suitable than nurses and midwives.

A CAUSE CÉLÈBRE.

The action between Macmillan & Co., Ltd., and Swanhilde Bulau, the proprietors and editor of the *Nursing Times*; and the Nursing Press, Ltd., and Ethel Gordon Fenwick, editor of THE BRITISH JOURNAL OF NURSING, will probably be heard in the High Court of Justice, King's Bench Division, before a Special Jury, on Tuesday next, 14th March.

As this is a case of great professional interest, we advise nurses who are able to do so, to attend the Court and hear it for themselves.

* See page 221.—Ed.

SOCIETY FOR STATE REGISTRATION OF NURSES.

A meeting of the Executive Committee of the Society will be held on Saturday, March 18th, at 431, Oxford Street, London, W., at 4.30 p.m., to discuss the Memorandum and Articles of Association of the proposed Voluntary College of Nursing. Members who are not on the Executive Committee are invited to attend and express their opinion.

JOIN NOW.

Trained nurses holding a three years' certificate, who are in favour of State, and not Voluntary Registration, should join the Society, the single object of which is to obtain an Act of Parliament providing for the Legal Registration of Trained Nurses—so that the profession of nursing may be organized on a legal basis. Apply for forms of membership to the Hon. Secretary, 431, Oxford Street, London, W., and return with particulars required. Annual subscription, 1s., or life membership, 5s., should be enclosed with form.

IN SUPPORT OF STATE REGISTRATION.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss Janet Stewart, "in memory of my dear sister, Isla Stewart," £2 2s.; Miss J. C. Child, 10s. 6d.; Miss Violetta Thurstan, 10s.; Anon., 5s.; Miss G. A. Rogers, 5s.; Miss M. Harvey, 2s. 6d.; Miss A. Phipps, 2s.; Miss Jeffries, 1s.

THE ANTI-REGISTRATION PRESS.

Sir Henry Burdett, named by Mr. Stanley as one of his advisers on the Voluntary Nursing College Scheme, attended the Meeting on February 23rd, the proceedings at which were accurately reported in our last issue, and at which some forty persons were present. The absolutely false statement which Sir Henry Burdett subsequently inserted in his organ the *Nursing Mirror* concerning the attitude of Mrs. Bedford Fenwick upon that occasion can therefore be refuted by overwhelming evidence, and is too contemptible for further notice. But we claim that if Mr. Stanley expects honourable women to believe in his sincerity with regard to State Registration of Nurses, he must prevent this "adviser" from making grossly untrue statements concerning them in his Anti-Registration organ.

NURSING AND THE WAR.

THE ROYAL RED CROSS (FIRST CLASS).

Miss Emily Cox and Mrs. Elizabeth Ferguson had the honour of being received by the King at Buckingham Palace on Saturday, March 4th, when he bestowed upon them the Royal Red Cross (First Class).

The King has also been pleased to confer the Royal Red Cross (Second Class) on Miss C. E. A. Thorpe, Matron, and the Hon. Angela Manners, Sister (organiser of the "Manners Ambulance"), in recognition of their valuable service and devotion to duty from August to November, 1914, whilst working under the Belgian Red Cross in Flanders.

Our portraits include two other recipients of the decoration (First Class), viz.:

Miss A. E. Montgomery Wilson, R.R.C., Principal Matron at the 3rd Western General Hospital, Cardiff, who was trained at the Adelaide Hospital, Dublin, and was Sister at the West Kent Hospital, Maidstone. After holding the position of Matron at the Tewkesbury Hospital and at Cromwell House, Highgate, she was appointed Lady Superintendent at King Edward VII's Hospital, Cardiff (then the Cardiff Infirmary), a position she has held for over twenty-two years. She saw active service in the South African War, and when the Territorial Force Nursing Service was inaugurated Miss Wilson was appointed a Principal Matron, and in the 3rd Western General Hospital and its extensions is now responsible for the organisation of the nurses for between 2,000 and 3,000 beds.

Miss Phoebe Steele, R.R.C., Matron at Mount Vernon Military Hospital, Hampstead, who was trained at the Meath Hospital, Dublin, and has been a member of Queen Alexandra's Military Nursing Service for the past eleven years.

Lady Grogan, Chairman of the Staffs Subcommittee of the Serbian Relief Fund, wishes to state that none of the persons appearing in a photograph of a British Hospital Staff in Serbia, which was reproduced in the *Daily Mirror* of January 19th, belong to the organisation of the Serbian Relief Fund. We referred some weeks ago to this most disgraceful picture, and think the names of those nurses represented in it should be made known, so that they should not be permitted to do further military service.



SISTER FERGUSON LEAVING BUCKINGHAM PALACE AFTER RECEIVING THE ROYAL RED CROSS.

The Army Council place on record in Army Orders their appreciation of the presence of mind and devotion to duty shown by the Royal Army Medical Corps *personnel* on the occasion of the sinking of the hospital ship *Anglia*, which struck a mine on November 17th, 1915. Through the courage and presence of mind of the Matron, Mrs. Mitchell, and the devotion of the Nursing Sisters, most of the cot cases were evacuated from the ship. In this work Lieutenants P. L. T. Bennet and H. W. Hodgson, R.A.M.C., were conspicuous, and aided by Privates Darwen and McGuire, of the same corps, they succeeded in saving wounded from the lower wards when they were awash, and almost submerged.

It was reported at the quarterly meeting of the London Hospital last week that three of its nurses were killed by the accident to His Majesty's ship *Natal*. Ten of the nurses had been mentioned in

despatches since the last quarterly court.

We have been unable to obtain any information in reply to our question, Have the War Office authorities decided to stop the allowances for lodging, fuel, light, &c., up to now paid as part of the emoluments of Queen Alexandra's Imperial Military Nursing Service, and the Territorial Force Nursing Service? But we hear unofficially that a

General Order just issued, G.R.O. 1381, states: "1381. Allowances. The Army Council have decided that none of the allowances mentioned in Army Order No. 501 of 1914 . . . shall be drawn by members of Q.A.I.M.N.S. and other nurses after January 31st, 1916."

We learn that no saving can be effected by the nurses out of their salary of £40 to £45 per annum, and they have looked upon their allowances as part salary from which they can, with good management, save. One nurse reports from France having been able to send home £50, about what she would have saved as a private nurse; her mind has been, therefore, relieved of anxiety as to her financial obligations.

Let us hope it is not too late to prevent these hard-working women being deprived of the emoluments promised upon signing their agreement for military service. Should the new General Order be put into force by the Army Council, it, of course, relieves Sisters and nurses from their obligations in so far as further service is concerned, and their senior officers will have no right to allude to those who resign as has been done in writing in the past, as deserters. The Matrons-in-Chief of both Services are generously remunerated, and it is their duty to see that their subordinates are equally well treated. We hope they have made a vigorous protest against that new "Order"; if not, the sooner it is done the better.

Miss Bertha Smith and Miss Miriam Hitchcox, who recently came over from Canada, have been appointed to the Canadian Army Medical Contingent Nursing Service. Friends will be pleased to know of these appointments.

Dr. Elsie Inglis and the first unit of the Scottish Women's Hospital, who have arrived in London after an adventurous journey, have many interesting details to tell of their experiences. The party included, in addition to Dr. Inglis, Dr. Elsie Holloway, Dr. Katharine Corbett and Dr. Jessie Scott, with the Hon. Mrs. Haverfield administration, and Sisters Wright, Leuchars, Andrews, Ewart, Strange and France.

Dr. Inglis has been in Serbia since May of last year, when she took over the surgical hospital at Kragujevatz from Dr. Eleanor Soltau, and in October moved down to a Serbian Hospital at Krushevatz, from which they were ejected when the Germans entered the town; but as their wounded were taken to the Serbian Military Hospital they worked there as prisoners until February 9th, when they were told by the Austrian authorities, who took over the control, to leave. The Austrians had given them permission to leave about Christmas, but as they had over 1,000 wounded on their hands they felt this was impossible. "There was," Dr. Inglis relates, "an enormous lot to do, for the cesspools were flowing over, and the rubbish heaps had not been

cleared away for months. Amputated legs and arms were lying about among the rubbish, and altogether it was a most disagreeable job to tackle. The highest praise is due to three of our orderlies, Miss Wardle, Miss Madan and Miss Whitehead, who dealt with this work. They were specially trained as orderlies. They were just three ordinary English girls who took over this terrible work and saw it through. We were afraid of an outbreak of typhus at one time, and we opened an isolation hospital in the grounds, but, as it proved, we only had two cases, and they were both civilians." The members of the party who arrived at Waterloo on March 1st received a warm welcome.



MISS E. A. M. WILSON, R.R.C.,
PRINCIPAL MATRON 3rd WESTERN GENERAL
HOSPITAL, CARDIFF.

All the four Principal Matrons of the Scottish Territorial Hospitals now possess the Royal Red Cross. Miss Gill (2nd

Scottish General Hosp., Craigleith) has held it since 1901, when it was awarded her for services in the South African War, and Miss Edmondson (1st Scottish Hospital, Aberdeen), Miss Gregory Smith (3rd Scottish), and Miss Melrose (4th Scottish Hospital), both at Stobhill, Glasgow, have recently received the new decoration of the first class from His Majesty the King.

Writing from Malta, a Sister tells of the exciting time experienced on a hospital ship at Salonika when the Zepps came and dropped bombs around. She says: "I shall never forget that night as long as I live. We woke up about 3.30 a.m. hearing

the most awful explosion and the ship shook frightfully. Until we managed to get on deck we thought we were being shelled, as we were lying amongst the cruisers and quite near the Flagship. When we found it was an air raid we did not feel quite so alarmed. Being on hospital ships is a very expensive luxury; we only get our bare salary—£42—and sometimes it costs us 2s. a day to get ashore. The ship won't provide a boat to take us . . . so I have not been able to save any money since being here. The Sisters in Alexandria get field allowances, but we didn't in Malta, and also the Sisters on hospital ships who are put in in Alexandria get it. Half the Sisters on the boat I was on were getting about £12 a month, and those who were put on at Malta and doing exactly the same work got less than £4 a month. Surely that is unfair; it causes dissatisfaction."

Naturally, we should imagine, it does. Equal pay for equal work should be the rule throughout the Service.

We hear that the hospital ship *Egypt*, "somewhere at sea," was struck by shells from a Zeppelin. All the glass on one side of the ship was broken, and a great deal of damage done; one piece of shell hurtled through the window-frame of a Sister's cabin went through the wall and out at the top of the next cabin; fortunately, she was stooping to put on her shoes, so she escaped injury from the shower of glass and water. The shells exploded about twenty yards from the ship and no one was hurt. How narrow is the space between life and death!

Two young men, sons of German parents, who have been naturalised British subjects for nineteen years, recently successfully claimed exemption from combatant service, when the elder said: "My eldest sister was in the St. John Ambulance Brigade at the beginning of the War, and became a nurse at Huddersfield Military Hospital. When it came out that her parents were German, although she got on well with patients, she was insulted and asked by the Matron to resign, as it would be for the good of her country that she should not be there. If my sister was not good enough to do a work of mercy, why should they call upon us to fight or do anything for them."

FRENCH FLAG NURSING CORPS.

Miss Florence Mary McLoughlin, cert. St. George's-in-the-East Infirmary, left for France on Monday, March 6th.

The donors of the iced cakes kindly contributed through the "Shower" will be glad to know they arrived in perfect condition, thanks to the skilled packing of Miss Hawkins.

Owing to the increased fighting in France, pillows, towels, socks, shirts, clinical thermometers, hot water bottles and indiarubber air or water cushions are most urgently needed.

An air cushion is worth its weight in gold in relieving suffering. If sent to the Editor, 431, Oxford Street, London, W., these goods can be dispatched at once. We want a handsome consignment for Miss McMurrich and Miss McIntyre, who are with a surgical ambulance. Canadians please note.



MISS PHEBE STEELE, R.R.C.
MATRON AT MOUNT VERNON MILITARY
HOSPITAL. HAMPSTEAD.

The old ladies at Barnet Union are very anxious to knit some more socks for the F.F.N.C., but, sad to relate, they have no money to buy the wool. Will anyone confer the double benefit of making them very proud and of adding to the never-sufficient supply of socks for soldiers at the front.

SALE OF ANTIQUES.

The second Sale of Antiques at Christie's, for the British Red Cross Society and the Order of

St. John, promises to be a great success. The King has presented a magnificent panel of Chinese embroidery of yellow silk adorned with the dragon and emblems of the Imperial House; while Her Majesty gives two jewelled bracelets which she has worn.

Queen Alexandra has sent a fine Chinese dish which belonged to King Edward, and Princess Louise (Duchess of Argyll) has sent an inlaid ivory and ebony writing-case and two autographs.

The Queen, attended by the Lady Isobel Gathorne-Hardy, visited the Jewish Maternity Home in Underwood St., Whitechapel on Monday.

AN INTERESTING EXPERIENCE.

It seems scarcely possible that three months have elapsed since a group of well-wishers assembled at King's Cross to bid God speed to Miss Violetta Thurstan, who, with Miss Moberly, was off to Russia to make arrangements for the work of the Women's Maternity Hospital Unit for the Refugees. Yet, when one hears something of Miss Thurstan's experiences the only wonder is that the time spent there has not been much longer, so much has been compressed into those few weeks.

Miss Thurstan, full of energy as ever, but looking a little tired after the experiences of a strenuous three months, concluding with a rough passage across the North Sea, explained that much of her work has consisted in visiting Russian institutions, and getting into touch with Russian Committees, and learning their point of view. She has been down on the Volga, and visited far-off villages, and has been taken by the Chief Russian Inspector of Refugees in his troika on a visit of inspection. A troika, be it understood, is a sleigh drawn by three horses, which skims over the snow at a most exhilarating pace.

The refugees include Great Russians, Little Russians, White Russians, Letts, Lithuanians, Armenians, Ruthemans, and others. The Ruthemans, who come from a district in Galicia, have strong Russian sympathies, and when the Tsar paid a visit to Galicia he was welcomed by twelve girls to the village of Sambov, a pretty ceremony, which had a grim sequel, for when the village, in the fortunes of war, passed into the control of the Central Powers, all the twelve girls who took part in the ceremony were hanged.

A very interesting new movement described by Miss Thurstan is the work done by the students of Kazan University for the Refugees. Seeing the conditions of the baraks where the refugees were housed, some ten of these students, who formed themselves into a Students' Sanitary Association, got these baraks condemned and ever since, with a professor at their head, have made the refugees their special care, sharing their life and their food. The ten students sleep and live in one little room, and the row of ten little beds have no pillows, for which, Spartan-like, their occupants substitute their fists. Their joy and pride is the hospital which they have organised for refugees suffering from measles. It will be realised that under the prevailing conditions distress and epidemics are rife amongst these sufferers; indeed, from one train alone 40 dead people were removed, and the trains are constantly bringing more refugees from the Baltic Provinces, Lithuania, Galicia, Poland and the Caucasus. Moreover, it must be remembered that the big towns even before they began to pour in were already over-full, their normal population having been augmented by troops, recruits and prisoners. Kazan is a Tartar town with almost as many mosques as churches.

A very sad feature in the present situation is the number of lost and abandoned children who do not know their names or those of their relatives, and are unable to say from what provinces they have come. A Red Cross Sister found one little baby lying on the ice abandoned by his mother. The Tatiana Bureau at Kieff has had 1,500 enquiries for missing relatives, and has been the means of reuniting many families.

The Maternity Hospital at Petrograd, with sixteen beds and a large out-patient department, was ready to be opened when Miss Thurstan left, but the ceremony had not taken place. Like that at the Queen Alexandra Hospital, it will be a religious ceremony. No one in Russia would go to a hospital which had not been so blessed.

We hope when Miss Thurstan has had time to adjust herself once more to the home surroundings that we may be able to publish more of her interesting experiences from her own graphic pen.

IRISH NURSES' ASSOCIATION.

A meeting of the Executive Committee of the Irish Nurses' Association was held on the 4th inst., Miss Eddison presiding. Also present: Mrs. Manning, Miss Towers, Miss Strahan, Miss H. Ryan, Mrs. Crichton, Miss E. Keaveney, Miss Elliott, Miss Carr, Miss Stewart, Miss Reeves, Miss Hughes, Miss Thornton, Miss Kennedy, Miss Roberts, Miss O'Flynn, Miss Michie, Miss Carson-Rae, Miss Shuter, Miss Reed, Miss Daly, Miss Ramsden, Miss Chadwick, Miss Lowen, and Miss Moore.

The usual routine business was transacted.

The Secretary reported that an extremely interesting lecture had been given on the 15th ult. by Dr. Atkinson-Stoney, entitled "Work with the French Red Cross," at which there was a large attendance.

The Annual Report and Balance Sheet was read and approved, and the Annual Meeting fixed for the 17th inst.

THE M.A.B. AND THE WAR.

The War Office has asked the Metropolitan Asylums Board to provide another hospital with 800 or more beds for wounded soldiers. At the board meeting, last Saturday, it was stated that the hospital could not be provided without encroaching on the accommodation for fever cases.

We regret to learn that Viscount Knutsford has had a somewhat serious accident, having been knocked down by a motor lorry at Barnes. He was taken to the Putney Hospital, where he has made satisfactory progress during the past week, though it is stated that some time must elapse before he will be able to deal with business.

CARE OF THE WOUNDED.

The King and Queen visited the sick and wounded officers and soldiers who have returned from the front, at the Royal Free Hospital, Gray's Inn Road, on Saturday, March 4th, and spoke most kindly with them all.

The British Hospital in the Dmitri Palace, Petrograd, has passed through various vicissitudes since Miss Irvine-Robertson and the nursing staff started on their embassy of good will to our Russian Allies. The generous equipment was shipped in good time to reach Archangel before the fies came down from the Arctic Ocean, but

The Convalescent Hospital known as "Bycullah," at Highgate, in connection with the Endell Street Military Hospital, under the able management of Miss Hills, Matron (St. Bart.'s), has accommodation for thirty-two beds, and the half-dozen large airy rooms lend themselves excellently to the purpose. The gay quilts give them an additional air of cheerfulness. There is a large recreation room fitted with a piano, a small billiard table, &c. A small, but beautifully-fitted and equipped operating theatre is to be found on the upper floor.

It being Sunday we were invited to be present at the service in the very pretty little chapel which has been adapted from the garage. A beautiful copy of "The White Comrade" has just



QUEEN ALEXANDRA HOSPITAL. PETROGRAD.
WARD IN THE DMITRI PALACE.

first the steamer which carried them broke down and had to put back to port, with the result that the White Sea was blocked with ice before it could reach its destination. However, from our illustration it will be seen that the hospital is very well equipped, and, indeed, a duplicate cargo has been secured. Over each bed hangs an ikon, part of the indispensable equipment of a Russian hospital. At the religious service, which is always the prelude to the opening of such institutions, in Russia, the Dowager Empress and members of the Imperial family were present, the building being solemnly blessed and its walls sprinkled with holy water.

been presented for its adornment. The men, mostly quite young, seemed to appreciate the simple address, and joined heartily in the hymns. "I fear no foe with Thee at hand to bless" took a new meaning as sung by our brave lads. At the close of the service one of the "men in blue" played the National Anthem, which was enthusiastically sung by his comrades, standing at attention. The Matron remarked that their eagerness to have this sung at all times was quite touching. We learn that the men highly appreciate this well-organised and happy hospital. One man remarked, with a grin, that he intended to stay for "the duration."

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals—

The Mount Red Cross Hosp., Torquay.—Mrs. M. Rhodes.

Mountjoy Aux. Hosp., Highcliffe, Hants.—Miss M. C. Dempster.

Walfields Hosp., Hertford.—Miss E. Collier.

V.A.D. Hosp., Tisbury, Wilts.—Miss K. Stenson.

Lundwood Hosp., Barnsley.—Miss F. Clayton.

Clandon Park Hosp.—Miss S. M. Hide.

V.A.D. Hosp., The West House, Thirsk.—Miss L. Wilson.

Red Cross Hosp., Highfield Hall, Southampton.—Miss D. C. Philpott.

Mill House, Wood Bourne, near Farnham.—Miss A. Garbutt.

V.A.D. Hosp., Lady's Close, Watford.—Miss L. Lanphier.

V.A.D. Hosp., Cirencester.—Miss M. Brown, Miss E. Law.

Haye Leigh Red Cross Hosp., Derby.—Miss S. Rhodes.

Waverley Abbey Military Hosp., Farnham.—Miss M. Breerton.

Broadwater Hosp., Ipswich.—Miss M. M. Rigden.

Trent Bridge, West Bridgford, Notts.—Miss D. Gillbee.

Red Cross Hosp., Wainfleet, Lincs.—Miss M. Mitchell.

Eddlethorpe V.A.D. Hosp., Malton.—Miss G. Roberts.

Red Cross Hosp., Sunnyside, Horncastle.—Mrs. F. D. Baker.

Hosp. for Officers, Grosvenor Place, S.W.—Miss G. Walters.

Gt. Eastern Hosp., Harwich.—Miss A. H. Hyde.

Nethercourt V.A.D. Hosp., Ramsgate.—Miss E. M. Snow.

Regent's Park, Southampton.—Miss F. E. Barren.

Beckett Hosp., Barnsley.—Miss E. Lowe.

Hosp. for Officers, Kensington Park Road.—Miss D. Gear, Miss M. Scott.

Red Cross Hosp., Hazlewood, Ryde, I.W.—Miss E. M. Mander.

Mayfield V.A.D. Hosp., Jarrow.—Miss L. Adams.

Red Cross Hosp., Henley-on-Thames.—Miss C. M. Rogers.

Cluny Red Cross Hosp., Swanage.—Miss L. Finn.

9, Eastern Terrace, Brighton.—Miss E. Dugdale.

ABROAD.

Urgency Cases Hosp., Revigny.—Mrs. Cunningham, Miss M. E. Eagle.

Liverpool Merchants' Hosp., Étapes.—Sisters A. Bourton, F. Gilmour, W. Dickens, C. Tasman, D. Stringer, J. W. McPherson, K. E. Allen.

Boulogne.—Sisters T. D. Dayley, C. Sealey, E. Porter.

Miss Callwell's unit returned from Serbia on Tuesday, February 29th. The party consisted of Miss Callwell and Sisters Stephen, Munro, Mitchell, Sweeney, Houston, Gillingham, Simpson, O'Rian, Norris, and Pritchard.

LEGAL OR VOLUNTARY REGISTRATION.

At the meeting of the Central Committee for State Registration of Nurses held on January 15th in the Council Chamber of the British Medical Association to discuss the Circular Letter sent to the Chairmen of Hospitals and others by the Hon. Arthur Stanley, M.P., Chairman Joint War Committee, it was agreed to ask Mr. Stanley and his advisers to receive representatives of the Central Committee and to afford them further information concerning his proposed scheme.

This interview took place, by arrangement, in the Board Room of the Royal Automobile Club, Pall Mall, on Thursday, March 2nd. Mr. Stanley was in the chair, supported by the Hon. Sir Charles Russell (Legal Adviser), Miss Swift and Miss Haughton (Guy's), Miss Lloyd Still (St. Thomas's), Miss Rosalind Paget and Dr. Turney (Chairman of the Nurses' Co-operation).

Miss R. Cox-Davies, R.R.C., was also present as an invited guest.

The following delegates were appointed to represent the Central Registration Committee, the majority of whom were present:—

EX OFFICIO.

Hon. Medical Secretary, Dr. E. W. Goodall.

Hon. Nurse Secretary, Mrs. Bedford Fenwick.

Hon. Treasurer, Mr. Comyns Berkeley, M.C., Cantab.

IN CHARGE OF NURSES' REGISTRATION BILL IN PARLIAMENT.

Major Chapple, M.P., M.D.

REPRESENTATIVES OF AFFILIATED SOCIETIES.

British Medical Association.—T. Jenner Verrall, Esq., F.R.C.S., LL.D.; Dr. Cox, Medical Secretary.

Matrons' Council of Great Britain and Ireland.—Miss M. Heather Bigg, President; Miss E. C. Barton.

Royal British Nurses' Association.—Dr. Bezly Thorne, Chairman of Executive; Miss E. C. Tawney.

Society for State Registration of Trained Nurses.—Miss Beatrice Cutler, and Miss M. Breay, Hon. Secretary.

Fever Nurses' Association.—Dr. F. Foord Caiger, and Miss E. M. Bann.

Association for Promoting the State Registration of Nurses in Scotland.—Professor Glaister, M.D., F.R.F.P.S., Glasgow, and Miss E. Graham, Joint Hon. Secretary.

Scottish Nurses' Association.—Mrs. Strong, President; Dr. McGregor Robertson, F.R.P.S., F.R.S.

Irish Nurses' Association.—Miss M. Huxley, past President; Mrs. Porter, past President.

SPECIALLY INVITED.

Miss E. M. Musson, R.R.C.

Miss J. C. Child, Registered Nurse, South Africa; Member of South African Military Nursing Service.

The following Memorandum was presented and read on behalf of the Central Committee for the

State Registration of Trained Nurses, by Dr. Goodall, Hon. Medical Secretary:—

THE MEMORANDUM.

The Central Committee for the State Registration of Nurses, in which the various Medical and Nursing Societies interested in the organization of trained nurses are co-ordinated, welcome this opportunity of stating what has already been accomplished in this direction, and the considered opinion of this representative body as to the lines upon which organization should proceed. We submit further that the issues involved in such organization are far-reaching and varied, demanding the most careful consideration and adjustment, and that adequate attention cannot for the first time be given to these problems when the Empire is involved in a world-wide war which absorbs the entire interest and energy of the Medical and Nursing Professions.

Moreover, the Prime Minister, at the beginning of last Session, debarred the introduction, by private members, of contested Bills into the House of Commons, on subjects unconnected with the war.

The registrationists have loyally accepted this decision, and, if they once more enter the arena, it is because they have been placed on guard in defence of the liberties of trained nurses, by the promotion of the Scheme for the organization of the nursing profession through a Voluntary College of Nursing.

Reference is made, in the Circular Letter announcing the Scheme, to the agitation, extending over a quarter of a century, in favour of the Registration of Trained Nurses.

The Central Committee for the State Registration of Nurses represents by delegation the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Association for Promoting the Registration of Nurses in Scotland, the Scottish Nurses' Association, and the Irish Nurses' Association. It therefore voices the opinion of some 40,000 medical practitioners and certificated Matrons and Nurses, and is a force which cannot be ignored by the promoters of any Scheme for the organization of the nursing profession. It was constituted, with Lord Ampthill as Chairman, at a Conference of delegates of the affiliated Societies on January 25th, 1910, "for the purpose of securing united action in regard to State Registration, until a satisfactory law has been passed by Parliament."

The need for united action was occasioned by the fact that no less than three Bills for the Registration of Trained Nurses had been before Parliament in the previous session, and it was felt that if a conjoint Bill could be drafted the position of the movement would be strengthened.

This was achieved after the special points incorporated in the three Bills had been exhaustively considered, with an honest desire on the part

of the delegates and their constituent societies to arrive at an agreed Bill, and the result is the Bill in charge of Major Chapple in the House of Commons.

Before this stage had been reached, weighty opinion as to the advisability of Registration had been pronounced by both Houses of Parliament.

In 1905 a Select Committee of the House of Commons, after an exhaustive enquiry into the question extending over two Sessions, presented to Parliament a unanimous Report stating that they were agreed that "it is desirable that a Register of Trained Nurses should be kept by a Central Body appointed by the State."

In this connection we have the opinion of the Lord President of the Council (then the Earl of Crewe), who subsequently received a Deputation from the opponents of Registration, that "it was impossible to ignore the conclusions of the Select Committee which considered the question. Its Report must have due weight."

In 1908 the House of Lords considered, and rejected, the Nurses' Directory Bill, which embodied the dangerous principle of the government of the profession without consent, as it was recognised that a Directory was useless and dangerous unless based on a legal Register.

The Nurses' Registration Bill was then introduced in the same Session, by Lord Ampthill, and passed without a division having been taken at any stage, and with the support of the Government and of the Leader of the Opposition.

In 1914 when a division was challenged in the House of Commons, on the first reading of the Nurses' Registration Bill, introduced by Major Chapple on behalf of the Central Committee for the State Registration of Nurses under the ten minutes rule, the House, by a majority of 228, voted for leave to bring in the Bill. The majority was composed of Members of every party in the House, and included four Cabinet Ministers, and 23 Members of Parliament holding official posts of responsibility in Government Departments.

Yet, in spite of these facts, we have the anomaly of a Voluntary Scheme put forward without consultation with the Central Committee for the State Registration of Nurses, and are asked seriously to accept it in substitution for legal registration, under a Bill carefully drafted, debated, amended and accepted by medical and nursing associations, which have been considering the problems concerned in registration for the last quarter of a century.

It will be within the knowledge of most of those interested in the organization of nursing that the present application, if made, will be the third received by the Board of Trade within the last quarter of a century, for leave for groups of persons to become incorporated without the word "Limited," in order to obtain power to organize the Nursing Profession.

The first was made by the Royal British Nurses' Association in 1891, and was refused. The applicants then petitioned Her Majesty the Queen

in Council for the grant of a Royal Charter, in which application they were successful. The Royal British Nurses' Association thus possesses wide powers for the organization of nursing education, and has instituted an examination, and grants a Diploma in Nursing, but, as an effort not having the force of an Act of Parliament behind it, this has not met with widespread popular support.

If this is the case with an examination instituted by an Association having the prestige conferred by a Royal Charter, a Voluntary Scheme, instituted by a Society incorporated under the Board of Trade, will certainly not satisfy trained nurses who understand the benefit of legal status.

The second application to the Board of Trade was made in 1905 by the late Lord Rothschild, and other hospital governors for the incorporation without the word "Limited" of "The Society for Promoting the Higher Education and Training of Nurses."

The application was widely opposed, and it was pointed out that a Select Committee of the House of Commons was then enquiring into the expediency of the Registration of Nurses.

Ultimately the promoters requested that the consideration of their application should be deferred "until the Bills now before Parliament for the Registration of Nurses have been disposed of."

That request having been granted, and the Select Committee having reported unanimously in favour of the Registration of Nurses under State authority, it appears somewhat anomalous that application for the incorporation of the advocates of a similar scheme, promoted by some of the same persons, should be made to the Board of Trade, while the Nurses' Registration Bill merely awaits an opportunity for a Second Reading in the House of Commons to be effectively disposed of.

It is stated in the Circular Letter that the agitation in favour of the Registration of Trained Nurses, and others of a similar nature, have failed to attain the object sought.

We may point out that the object sought has not been gained mainly because of the opposition which comprises some of those who are now promoting the Voluntary College Scheme.

Reference is also made, in the Circular Letter under consideration, to the present unsatisfactory condition of affairs owing to the lack of organization in the nursing profession.

This lack of organization, and consequent lack of discipline, is no new thing arising out of conditions which are the outcome of the war, though they have been intensified by these conditions.

The problem of the organization of nursing is one which confronts not this country alone but all countries where skilled nursing is practised, and in this relation the method adopted by the nurses in our own Colonies is of special importance, since the maintenance of good feeling and reciprocal relations with our Dominions beyond the Seas is not only of professional, but of Imperial, importance.

The Registration of Trained Nurses is now in force in Cape Colony, Natal, the Transvaal, and the Orange River Colony in South Africa; in New Zealand; in the provinces of Ontario and Manitoba in Canada; in the State of Queensland, Australia; in the Bombay Presidency in India; in 42 of the 48 States of the American Union, and throughout the German Empire.

The movement initiated in this country over a quarter of a century ago has thus been found to meet so universal a need that it has spread round the world in this time. The well-organised nurses of the Commonwealth of Australia are within measurable distance of obtaining their legal registration, and we are of opinion that only through such a system, giving adequate powers of self-government to the recognised members of the nursing profession in the United Kingdom, will it be efficiently organised for its own needs, or for maintaining professional relations with our Dominions and with other countries.

At present those qualified and registered nurses who have legal status in their own Colonies and Dominions who desire to work in the United Kingdom, find that there is no recognition of any sort of their title of "Registered Nurse," and that they are legally classed in this country as domestic servants.

Conversely, nurses trained in the United Kingdom who emigrate to our Dominions where State Registration of Trained Nurses is in force find that they have no professional status, and further, that if they wish for recognition as trained and skilled workers they must pass the registration tests imposed in the Dominion concerned.

These disabilities would be abolished if a system of State Registration were in force in this country, when reciprocity of recognition would at once be established.

It should be emphasised that wherever systems of State Registration of Nurses are in force there is a consensus of opinion as to its immense benefit as a lever in raising both educational and ethical standards. Information on these points is incorporated in both Parliamentary and educational reports in the countries concerned. Without Registration it is impossible to maintain adequate standards of education, or to enforce efficient discipline throughout the nursing profession.

In regard to organization in the United Kingdom, if the Matrons and the hospital committees, who have hitherto held aloof from united action, now realise its necessity, and if, as we have reason to believe, many of these accept the principle of State Registration, there seems no reason why consultation between them and the Central Committee for State Registration of Nurses should not once more result in an agreed Bill, as it has already done in the case of the various Bills at one time before Parliament. If the fundamental principles underlying the Bill are approved, then its details might well form the subject for discussion, and we might go to Parliament with an agreed Bill. We have the pledge of the Prime Minister that if the medical and nursing professions elaborate

proposals which obtain substantial consent the promoters of the registration of nurses "would have no more ardent supporters than the Government."

Having regard to the pressing necessity for nursing organisation, if such a concordat could be arrived at there is every hope that a Nurses' Registration Bill might be passed—as the Scottish Midwives Bill was passed last Session—as a measure of public urgency.

Nursing Colleges would then fall into line as academic institutions of great value in connection with University education, and should be potent centres of beneficent usefulness, such as would merit the support of the whole nursing profession.

We therefore hope that the Committee which has launched this Voluntary Scheme will co-operate with those who have worked so long and earnestly to obtain the organisation of the nursing profession—a statesmanlike course which would command the respect and approval alike of the medical and nursing professions, of Parliament, and the public.

The Chairman then invited discussion in which the following delegates took part: Major Chapple, M.P., Professor Glaister, Miss Graham, Dr. Goodall, Dr. Cox, Mrs. Bedford Fenwick, Miss Musson, Miss Cox-Davies, Miss J. C. Child, Mrs. Porter, Dr. Turney, Mr. Comyns Berkeley, Mrs. Strong, and the Hon. Sir Charles Russell.

The proposition ultimately before the meeting, which was warmly advocated by Dr. Chapple, Mrs. Bedford Fenwick, Miss Cox-Davies, and Dr. Cox, was that a Conference be held at which the Nurses' Registration Bill, and the Memorandum and Articles of Association of the proposed Nursing College should form the basis of discussion, in the hope of securing an agreed Bill.

Eventually, after considerable discussion, Mr. Stanley agreed to arrange a Conference in about three weeks' time, between one representative of each of the eight constituent Societies of the Central Registration Committee, and the promoters of the Voluntary College Scheme.

Before vacating the chair, Mr. Stanley expressed his appreciation of the way in which the discussion had been carried out, and said no more important meeting had been held in connection with the subject than this. He referred to the conciliatory way in which Mrs. Bedford Fenwick and others had put forward their views, and expressed the opinion that those present were not so far away from agreement.

Miss Cox-Davies then expressed the thanks of those present to Mr. Stanley for arranging the meeting, and for consenting to further conference.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR AFRICA.

Miss Evelyn Ann Moriarty and Miss Violet Ruth Tyler Cove have been appointed Nursing Sisters.

APPOINTMENTS.

MATRON.

Loughborough General Hospital.—Miss A. Kaye has been appointed Matron. She was trained at the David Lewis Northern Hospital, Liverpool; and has been Matron at the Cottage Hospital, Lytham.

Baldonan Institution for Children, near Dundee.—Miss Preston has been appointed Matron. She was trained at the Burnley Infirmary, and afterwards held the position of Sister in the same institution. She has also been Sister at the Royal Hospital for Sick Children, Edinburgh, and Housekeeping Sister at the Royal Infirmary, Liverpool.

ASSISTANT MATRON.

General Lying-in Hospital, York Road, Lambeth, S.E.—Miss Ada Sharman has been appointed Assistant Matron. She was trained at the Middlesex Hospital and at Queen Charlotte's Hospital; and has held the position of District Midwife at the Middlesex Hospital, Sister at the City of London Lying-in Hospital, and Night Sister and Sister of the Private Wards at the London Homœopathic Hospital.

SISTER.

York County Hospital.—Miss Lily Christensen has been appointed Sister. She was trained at the West Hartlepool Hospital, and has since been Sister for three and a-half years at the North Lonsdale Hospital, Barrow-in-Furness.

TEMPORARY SISTER.

Kensington Infirmary, Marles Road, W. Miss Daisy M. Hellier has been appointed Temporary Sister. She was trained at St. Mary, Islington, Infirmary; and has been Sister at the Bethnal Green Infirmary and the National Hospital. She is a certified midwife.

Miss Violet Collard has also been appointed Temporary Sister. She was trained at St. John's Infirmary, Wandsworth, and has been Sister at the City of Westminster Infirmary.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Annie Mannion is appointed to Sunderland, as Assistant Superintendent. Miss Mannion received general training at the Prescott Union Infirmary, Whiston, midwifery training at the Victoria Home, Cheltenham, and district training at the Walton Home, Liverpool. She has since held various appointments under the Institute.

Miss Laura Thompson is appointed to Herne Bay; Miss Gertrude Mellor, to St. George's, Donnington Wood; Miss Gertrude Perry, to Nailsworth; Miss Lilian Whitton, to Hugglescote; Miss Jeannie Mason Reid, to Nelson; Miss Elizabeth E. Briggs, to Vickerstown; Miss Sarah J. Finlay, to Whickham (Marley Hill).

NURSING ECHOES.

Miss E. C. Barton, Matron of the Chelsea Infirmary, Principal Matron of the 3rd London General Hospital (T.F.), Wandsworth, and President of the Poor Law Infirmary Matrons' Association, is taking a keen interest in the meetings and conferences between the delegates of the Central Committee for the State Registration of Trained Nurses (on which she is one of the five representatives of the Matrons' Council of Great Britain and Ireland), and Mr. Stanley and the promoters of the Voluntary Nursing College Scheme, which includes the keeping of a Register of Nurses. Miss Barton has for many years been a keen State Registrationist, and has held a watching brief for Poor Law Nurses in relation to the legal organization of nursing. She claims their right to inclusion on a State Register side by side with their voluntary hospital trained colleagues. In our opinion State Registration alone can effect this measure of justice for nurses now excellently trained in many Poor Law infirmaries. No voluntary system would have power to overcome prejudice—but firmly administered, a good law could and soon would do so.

The annual report of the Glasgow and West of Scotland Co-operation, 16, Sardinia Terrace, Glasgow West, states that the Executive Committee are pleased that so many of the nurses on the staff have been able to take part in War Service, and that their work has been appreciated, but it has meant financial sacrifice, both to the nurses and

to the home. The remuneration for Army nursing is, of course, considerably less than what a nurse can earn at private cases on the staff of the Co-operation. As compared with



Voluntary Nurse, Principal

MISS E. C. BARTON.

PRESIDENT. POOR LAW INFIRMARY MATRONS' ASSOCIATION.

the previous year, there is a decrease of 369 in the number of cases nursed, and a decrease in the remuneration earned by the nurses of

£2003, nevertheless, owing to the closing of the Gourrock Branch Home, and other economies, there is a surplus of £165 4s. 5d. on the accounts for the year, on which Miss Rough, the Lady Superintendent, and the Committee are to be congratulated.

Since the outbreak of war in the first week of August, 1914, 84 nurses on the staff of the Co-operation have gone to Army service, to help in the nursing of our soldiers. Eleven of these have returned, leaving 73 still on war duty. A few more have offered their services, and are waiting to be called. Of the nurses engaged in Army nursing, 26 are at Stobhill. Some are in France, Egypt, Serbia, Malta and Gibraltar, others are now at Netley and other hospitals in the South. They write to Miss Rough and the nurses at the Home in a bright and hopeful manner. They appear to enjoy their work, and to feel that nothing is too much for the brave lads who are so grateful for their care. It is gratifying to the Committee that many of these nurses are filling prominent positions.

SCOTTISH MATRONS' ASSOCIATION.

The Annual Meeting of the Scottish Matrons' Association was held in the Royal Infirmary, Glasgow, on Saturday, March 4th, 1916, Miss Gill, R.R.C., President, in the chair, and fifty-five members were present.

After the usual preliminary business, the Chairman, in her opening remarks, congratulated the four members who had received the decoration of the Royal Red Cross since last meeting; and also congratulated Miss Bowhill, Perth, on her safe return from Serbia.

The Annual Report, which had been circulated to the Executive, was taken as read.

The re-election of President, five Vice-Presidents, Hon. Secretary and Hon. Treasurer, and Secretary, was moved and carried, and two members of Council were also re-elected; and two new Council members—Miss Moseley, Oakbank Hospital, Glasgow, and Miss Peterkin, Q.V.J.N.I., Scottish Branch—were appointed in place of two—Miss Merchant, Eastern District Hospital, Glasgow, and Miss Berwick, Sick Poor Nursing Association, Q.V.J.N.I., 218, Bath Street, Glasgow—who retired in rotation.

Four new members were elected:—Miss Baillie, Maternity and Women's Hospital, Glasgow; Miss Gemmill, The Hospital, Kirkcaldy; Miss Pike, Cottage Hospital, Liberton, Midlothian; Miss Urquhart, Eye, Ear, and Throat Hospital, Glasgow. One resignation

was received with regret—Miss Kinnoss, The Infirmary, Berwick.

The Roll of Honour was read, showing twenty-one members engaged on active service.

The Hon. Secretary reported that the "Edith Cavell Memorial" Fund, Scotland, now amounted to £719 5s. 10d.; that of this sum £600 was already invested, and that the Fund is still open, as further subscriptions have been promised.

A letter was read from Miss Scott Cavell, Hull and East Riding Convalescent Home, Withersea, expressing interest in and warm approval of the scheme.

A Committee was appointed to administer the Fund, with Miss Graham, 15, Alva Street, Edinburgh, as Hon. Secretary. The Committee will shortly be in a position to hear from applicants for annuities; these must be Scottish nurses, and all inquiries should be addressed to the Hon. Secretary.

A discussion took place regarding the Scottish Midwives Act, and the following Resolution was proposed by Miss Turnbull, certified midwife, Matron, Church of Scotland Deaconess Hospital, Edinburgh, seconded by Miss Peterkin, certified midwife, Superintendent, Q.V.J.N.I., Scottish Branch:—"We, the members of the Scottish Matrons' Association, acting in the interests of the midwives of Scotland, and of the nursing profession, in view of the fact that midwives themselves are not at present represented on the Midwives Board for Scotland, would petition the Board to establish the Roll immediately, so that the Lord President of the Council may, under the provisions of the Act, appoint two qualified midwives to act on the Board; and we further urge that the Rules and Regulations for the control and practice of midwifery in Scotland should not be framed until after the appointment of such midwives."

On the motion of the Chairman, it was agreed "that intimation of this Resolution be made to the Central Midwives Board for Scotland."

Some time was given to the consideration of the proposed College of Nursing. The Chairman, representing the Association, attended the meeting in London, when Mr. Stanley explained the Scheme to the delegates of various nursing societies present. A full account of the proceedings of this meeting had been published.

It was agreed to hold the next meeting in Perth in the end of May, by kind invitation of Miss Bowhill.

Votes of thanks to the Chairman and to Miss Melrose concluded the meeting, and afterwards the members were entertained to tea by Miss Melrose.

PRACTICAL POINTS.

A SERVICEABLE BED-PAN COVER.

Miss Nellie M. Erickson writes to the *Modern Hospital*—

"In the December number of the *Modern Hospital*, I read with much interest the symposium on the problem of 'bed-pan covers.' I am at present superintendent of the Portland Surgical Hospital, Portland, Ore., and because of my



Fig. 1.—BED-PAN CLOSED.

experience I thoroughly appreciate the replies sent in to your inquiries.

"We have tried many schemes, but all more or less unsatisfactory. Finally, I determined to find a solution of this perplexing problem, and to that end I set myself the task of devising a bed-pan with an attached cover, sterilizable, noiseless and airtight. I have not only succeeded in meeting

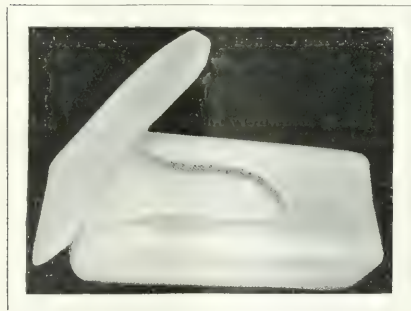


Fig. 2.—COVER ADJUSTED TO SERVE AS BED SHIELD WHILE PAN IS IN USE.

all the foregoing requirements, but have found more than one use for the cover, which can be adjusted while the patient is using the pan. It will serve as a bed-shield, protecting the bed, obviating the necessity of disturbing a seriously sick patient to change the bed, made necessary by an unavoidable accident. The cover can also be

used as a receptacle for wet and soiled dressings while the nurse is giving the patient attention.

"The saving of the bed linen is an item worthy of consideration, as I discovered by its use while testing its virtues in this hospital. The verdict of the patients who used the pan during the test trial was that it gave them a feeling of perfect security and comfort, knowing that the bed was protected against any possible accident, enabling them to thoroughly relax, which they found a great benefit. Then, the pan, when removed from the patient, can be closed and set aside in the room while the nurse gives the necessary after-care, which formerly has been secondary to the removal of the pan. The cover closes tightly, confining the odour, and hence the nurse can take the pan any required distance without feeling she is causing a nuisance which she would otherwise be unable to prevent.

"In emptying the cover may be folded under the pan entirely out of the way of contents, and in that position can be immersed in the aseptic solution, or otherwise rendered aseptic for further use.

"So completely does this pan overcome all the disadvantages of the open bed-pan that I secured a patent on it, and as soon as it can be manufactured I will put it on the market, happy in the knowledge that a long-felt need in hospital equipment has been supplied."

LET ME CUT YOUR NEW COAT AND SKIRT.

This is the request made to our readers by the cutter of Messrs. Crichton, Ltd., 13, Devonshire Square, E.C., and we commend the request to their notice. As a preliminary, we advise them to write for the booklet "New Ideas" issued by the firm, and further to pay a visit to their showrooms—for they will, we are sure, be delighted with the attractive models on view there, which are made of charming materials; the workmanship is first-class, and the style of a kind to suit the most exacting as to taste and cut. When we add that the prices are most moderate, ranging from three-and-a-half guineas upwards for a well-cut and in every way desirable coat and skirt, it is obvious that even a nurse's modest income is equal to this amount; more especially as the firm has devised a system by which, by paying in small instalments, nurses will not feel the outlay.

A delightful model in dark blue gabardine, handsomely braided, with lace ruffles at neck and sleeves, costing 6½ guineas, with a reduction to those who pay what our American colleagues call "spot cash," has only to be seen to be coveted. Many charming coats, both in cloth and in fur are also on view, at prices to suit everybody. Certainly those who wish to dress well at moderate cost should visit Messrs. Crichton and learn how it may be done. As their establishment is only one minute's walk from Liverpool Street Station, it is very accessible to a large number of hospitals, by tube, underground and 'bus.

BOOK OF THE WEEK.

"THE BARS OF IRON."

A brawl in a Queensland bar between a drunken bully and a young Englishman—the latter the typical product of an English public school, a handsome lad, yet not wholly English.

A clear throw, contrived with masterly assurance, "the result of deliberate and trained calculation, and the bully pitched on his head on the rough stones of the yard."

"I thought I could do it," said the boy; "I—thought I could!" He pressed forward to look. "I haven't really killed him, have I?" He was passive with the paralysis of a great horror.

His supporter edged him away, and he left the reeking bar branded with the mark of Cain.

We next meet him under very different circumstances, as the grandson and heir of old Sir Beverley, of the Manor.

Sir Beverley had never loved his son through the whole of his brief tempestuous life, but his grandson was the very core of his existence, as everybody knew, despite his strenuous efforts to disguise the fact.

The authoress apparently has forgotten that the age for corporal punishment of young men and growing boys and girls is past, as this story deals largely in this primitive form of correction. For instance, old Sir Beverley more than once lays his whip across the shoulders of young Piers—a man of twenty-five—who, apparently, bears no resentment in consequence; while the amiable vicar whips his young progeny with a complete indifference as to their age and sex. We are at a loss to understand why the individual known to the poor as the "cruelty officer" had nothing to say to this gentleman. Perhaps there was no branch of the excellent society which maintains him in that particular corner of the world.

Young Piers, with his strain of southern blood, was of a passionate, erratic and lovable nature; and always the tragedy of his earlier years dogged his imagination.

At twenty-five his fancy was caught by the attractive "mother's help" at the Vicarage—a young widow some few years his senior.

After much hesitation and doubt as to his stability, she consents to marry him, and the marriage is accomplished without Piers' having revealed to her the secret of his life.

He attempts to tell her on their wedding day, but his courage failed.

"You see, Avery, I am not the sort of chivalrous, impossible knight that little Jeannie thinks me; I'm horribly bad; I sometimes think I've a devil inside me; and I've done things—I've done things—"

She stooped lower to him, divinely tender—her love seeming to spread about him like wings folding him in.

"My dear," she said, softly, "whatever there is of bad in you—remember the best is mine."

* By Ethel M. Dell. Hutchinson & Co., London.

In spite of the difference of temperament, and in spite of his gusts of passion, which at times frightened and repelled her, they were happy in an uncomfortable sort of way, until the knowledge comes to her of Piers' secret. The victim of this unfortunate encounter turns out to be her former husband, who was a ne'er-do-well.

She turns from Piers in shuddering horror, and the way in which he meets with her rebuff is not pleasant reading; but when, however, he comes to a better mind, he agrees to her wish to leave him.

He enlists, is invalided home, and Avery once more takes him back to her love.

The Vicarage party are not a very masterly creation, and the monster of a father is ridiculous and impossible. But the book on the whole makes quite good reading, and we feel sure that it will make a wide appeal to admirers of this class of fiction.

H. H.

'YOU CAN NEVER REPAY THESE MEN.'

Mr. Will Crooks, M.P., spoke at the concert held at the Alhambra, in aid of the British Women's Hospital, Star and Garter, Richmond, and showed us our duty to the splendid men fighting and dying for us in this War. Referring to a conversation he had in France with a wounded soldier, Mr. Crooks said:—

"I gathered my feelings up, as it were, and, kneeling down beside the stretcher, I said, 'How do you feel, son?' 'All right,' replied the soldier, 'I think I'll be all right, don't you?' 'I am sure you will be all right,' I said, 'How long is it since you were hurt?' 'Four days,' he replied. 'But I'll be better when I get my clothes off, won't I?' I turned round. I couldn't look the man in the face. I said to myself: 'What have I done that he should give all that life is worth to fight for me?' Is bread a little dearer, are taxes a little higher, tea a little dearer, and trade a little worse? My God, you can never repay these men for what they have done for us."

COMING EVENTS.

March 10th.—National Union of Trained Nurses Meeting. Miss Beatrice Kent will speak on State Registration, and Miss Atkey on the Voluntary Nursing College Scheme. 2.30 p.m.

March 14th.—The Association for Promoting the Training and Supply of Midwives. Annual meeting at 40, Cadogan Place. 3.30 p.m.

March 16th.—Central Midwives Board. Monthly meeting. 3.30 p.m.

March 18th.—Society for the State Registration of Trained Nurses. Meeting Executive Committee to consider the Memorandum and Articles of Association of the proposed Voluntary Nursing College Scheme. 431, Oxford Street, London, W. 4.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

"NURSING A DEAD ART."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I note a correspondent, writing under "Nursing a Dead Art," objects to the unskilled work of the V.A.D.'s abroad being so highly paid—and that these girls, without even giving time for training, are costing the country such a huge sum. I also feel strongly how unjust it is that I should have given four years of the best years of my life to fit me to be a trained nurse, when any girl with a few weeks in a hospital may assume a State-protected uniform and be given almost identical duties as those I perform. Let us hope a day of reckoning is coming, and that when we all come back to civil work after the War, we may have the sense to combine to protect what few professional rights we have got. Once free from military service, which has been made very distasteful to me by all this injustice, I intend to give all the time I can spare to work for State Registration, so that I may help to win the legal title of "registered nurse" for those who have a right to protection. Until this War I never realised how miserably we trained nurses are neglected. Surely, we deserve as much consideration as midwives—who, after all, give as many months as we do years to qualify for their work. There is nothing like feeling the pinch—and we trained women have, indeed, felt it during this War. I hope THE BRITISH JOURNAL OF NURSING, which is the only nurses' paper which cares about justice, will continue its splendid work on our behalf.

Yours truly,
T. F. N. SISTER.

SOUTH AFRICAN TRAINED NURSES ASSOCIATION AND STATE REGISTRATION

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I see it being advocated that nurses in the United Kingdom shall follow in South African footsteps and form an Association of Trained Nurses. May I point out that before we attempted to organise on a national basis the nurses in the Union of South Africa, we had State Registration in every State, and that the basis of our organisation is legal status. Every nurse must be registered before she is eligible for membership of the South African Trained Nurses Association. Without this provision effective organisation would be impossible. I have read eagerly your reports on the proposal to form a Voluntary Nursing College, to include a system of registration. This appears to me a hopeless suggestion in these days. It merely means putting off indefinitely the passing of a Bill to give the nurses in the United Kingdom legal registration—a privilege

they have been pleading for for so many years. Let the Bill be agreed on and by united effort let it be made law, then will be the time to successfully establish educational establishments, and to organise a really National Association of Nurses. Like the British Medical Association, it must be rooted in legal status.

Yours truly,
A SOUTH AFRICAN SISTER.

[We entirely agree with our correspondent, and we may add that reciprocity with British Dominions overseas is now impracticable without injustice to colonially trained nurses who are State Registered.—ED.]

WOMEN'S DEFENCE RELIEF CORPS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I have been told by nurses who worked for farmers last year that the change of occupation from the too-much-sitting of their profession is beneficial. Already many nurses have joined this corps, to give their holidays to work at sowing the hay, corn, fruit, &c., this summer, and I hope you will make the existence of this organization known to your readers.

Lord Selborne (President of the Chamber of Agriculture), writing with regard to a lecture given by our members on their experiences as "farm labourers," said he "trusted it would help the corps to further efforts in the work it had undertaken to supply women workers on the land, in place of the men whose services are required in the defence of our country."

Any women willing to enrol with us for this important national work, should send addressed stamped envelope to the Hon. Sec., Miss G. Creamer, 10, Abbey Road, London, N.W.

Arrangements with regard to housing, payment, &c., are made by the corps, and each band has an officer. Our experience last year showed us that farm work can be successfully undertaken by ordinary women without special training. We did not have a single case of illness; on the contrary, those who went have been immune from colds all this winter.

Thanking you in anticipation,
Yours faithfully,
C. A. DAWSON SCOTT.

OUR PRIZE COMPETITIONS.

March 18th.—Why has the Cocaine Habit such ruinous results to health?

March 25th.—What care should refrigerators receive? How would you preserve ice?

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Friday, March 17th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage are additional advantages, also a knowledge of French.

The Midwife.

THE TRAINING OF MIDWIVES.

Miss Alice Gregory, Honorary Secretary of the British Hospital for Mothers and Babies at Woolwich, in her evidence before the Royal Commission on Venereal Diseases, impressed on the Commission her opinion of the necessity for every pupil midwife to receive a short course of lectures on venereal diseases, and clinical instruction at a lock hospital.

She thought midwives were absolutely ignorant on these matters, and that they usually had not consciously seen any case. She said that at one of the training schools, they had one very short lecture given to them without demonstration, and they had so much to put into their three months' course—[this has now been extended to six months'—Ed.]—that she thought it rather a waste of time to give it. She was entirely averse to a course being suggested—even of three lectures—on this particular subject, unless their whole training was lengthened, because it was so excessively inadequate.

Asked by the Chairman if she had come across cases in which the ignorance of midwives had resulted in infection of the people they attended, Miss Gregory replied in the affirmative. She had not actually known the midwives, but she had known of epidemics amongst babies—one in South London, when three babies died. That was absolutely the case, but she did not know the midwife who caused it. She thought that was due to entire ignorance of what the rash would look like. She considered that midwives should be taught to recognize the manifestation, and if there was anything at all doubtful, always to wear gloves. That was not really enough impressed on them in many cases.

It was true, under the rules of the Central Midwives' Board, the presence of a purulent discharge, or of sores, had to be made known to a doctor; but it would very often happen that a person was suffering from such a discharge, and the midwife might not see it at the time. It had happened more often than not in her eighteen years' experience as a midwife. Midwives ought to be able to take care of themselves, and if there was anything doubtful, to send for a doctor; but, at present, they did not know enough to do so.

Asked by the Chairman, if she was aware of the nature of the examination these midwives were subjected to, Miss Gregory said she should be, as she prepared them nearly six times a year for the examination; and they gave a longer course at the Woolwich Home in these subjects than anybody else, but not nearly so long as they would like. They would like the pupils to be taught there for two years.

Asked by the Chairman, whether it would not be extremely difficult to exact a two years' course from these badly-paid women, Miss Gregory said it was done in other countries, so she did not see why England should sit down under a three months' course.

In reply to Sir Almeric Fitzroy, Miss Gregory said that France, Belgium, and Italy had such a two years' course.

At the Home for Mothers and Babies [now the British Hospital—Ed.], Woolwich, the course was six months for trained nurses and a year for those who had had no previous training. Asked further how much longer she would require in order to give as much special instruction in relation to venereal diseases as she thought necessary, Miss Gregory replied that she did not think any midwife fit to practice unless she had had a full year, whether she were a trained nurse or not. The trained nurse who had a full year would then be able to include some other subjects in the syllabus. As a general rule midwives were cottage women. At the Woolwich Home the class was rather higher than that. But midwives all over England were mostly cottage women or very low middle-class women. They were often the daughters of old midwives, and steeped in the superstitions of their mothers. Then they had this highly scientific course of three months, and she knew from personal experience that it fell from them as water from a duck's back. They knew absolutely nothing at the end of the time. They could not be supervised, and it was waste of time teaching them. Therefore to throw anything into that course would, she considered, be extremely disastrous, and merely make the midwives self-sufficient.

She considered that during their second years' training pupil midwives should have a small salary. That would entail expense, but not more than the cost of the babies who went blind and the mothers who had dangerous illnesses. She had not heard lately, but she knew the blind asylums used to say that between one-third and one-fourth of their inmates were those who need not have been blind. She had not heard about that for the last five or six years.

Sir Almeric Fitzroy here interpolated "Do you not think it would have been better to obtain more recent information before you advanced this extreme view of things?"

Asked by the Chairman whether enough instruction were given to all midwives, of a general character, apart from that on venereal diseases, to prevent any great danger as regards the carrying of infection, Miss Gregory replied that the instruction was given, but she did not think instruction given once or twice to perfectly uneducated women, who had not the least idea of

what was meant to start with by a germ of infection, or by antiseptics, affected a midwife's practice in any way afterwards. She further stated that the average woman who came up for three months' training, and a very hasty three months, and who had to have all the long syllabus of the Central Midwives Board pushed into her, as well as to get her practical work, was so intensely bewildered that personally she thought it made very little difference to the pupil whether she learned it or not. It was one dead cram to get through the examination, and personally she did not think the pupils understood it.

Questioned further by the Chairman Miss Gregory expressed the opinion that the course of training did not leave any beneficial result at all. She thought it absolutely and entirely inadequate. She thought the theory of antiseptics was explained in the course of training very carefully and thoroughly, but the women had not the education to understand or put what they learnt into practice unless there was a daily drill, and somebody perpetually watching to see that they carried out their duties. Hospital nurses were not trusted to do important dressings for certainly the first year on this account.

Questioned by the Chairman as to whether in the case of grave mischance owing to incompetence or insufficient training every case came to light, Miss Gregory replied she thought not. She only knew of two cases where midwives had contracted the disease. They were almost always hushed up. It was considered a great stigma to the midwife, always. The public never knew of these cases.

Sir Almeric Fitzroy said he shared Miss Gregory's view that the period of training for midwives could properly be increased, but asked if she did not think people assisted practical reforms much better by not having impossible goals (*i.e.*, two years' training).

Miss Gregory said she had proved one year was not an impossible goal, and was hopeful of being able to extend it.

Sir Almeric Fitzroy then said: "Apart from that, I put it to you, that you have laid before the Commission a very highly coloured and exaggerated view of the facts, in order to demonstrate, in your judgment, the great need of this change." Miss Gregory replied she was sorry if Sir Almeric thought so, but those were her beliefs.

Questioned further by him, as to whether she was aware that none of the symptoms of syphilis could escape the eyes of the doctor without the rules of the C.M.B. being broken, and the midwife rendered liable to penal consequences, Miss Gregory replied: "I am perfectly aware of that, but, nevertheless, a great many of them, I imagine, do."

Sir Almeric Fitzroy replied: "You imagine; just so. Now we come to my root objection to the character of this evidence. It is not your imaginations, however picturesque they may be, that we are dealing with, but the facts of the case." The witness replied, "Yes; only if I may say so,

I do not think many people have a more intimate knowledge of midwives than I have myself."

We think, in spite of the somewhat severe cross-examination to which Miss Gregory was subjected for the faith that is in her, that most experienced educated midwives would substantially endorse her evidence. We commend it, in its entirety, to the attention of our readers.

CENTRAL MIDWIVES BOARD.

At the examination held by the Central Midwives Board on February 15th in London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne, 450 candidates were examined and 359 passed the examiners. The percentage of failures was 20.2.

THE PREVENTION OF INFANT MORTALITY.

"Cookery for Children Under School Age" was the subject of the lecture delivered by Miss Florence Petty, under the auspices of the National Association for the Prevention of Infant Mortality, in the lecture hall of the Royal Society of Medicine, on Monday, March 6th.

Miss Petty began by advocating the superiority of brown bread, and pointed out that wheat-meal contains three times the phosphoric acid, and four times the acid than is found in white flour. She stated that in America the bleached flour was not used, but that it was sent over to England, the Americans saying that they will swallow anything over the water.

The lecturer gave several simple recipes for the cooking of vegetables and milk puddings, showing how their valuable properties can best be retained.

AN URGENT NATIONAL APPEAL.

We have received an influentially signed letter on behalf of the Royal Free Hospital, more particularly on behalf of its ante-natal and other special clinics, in which the strong argument is used that "but for the want of enlightened and modernized methods in the care of maternity and childhood, we British could have put into the field a million more men than are available to-day." It is urged that the wholesale destruction of fellow creatures in the present War is not more appalling than the chronic ignorance and neglect which have prevailed so widely hitherto in regard to the preservation and fostering of human life almost from its source.

For the past five years the Royal Free Hospital has been developing a project for further safeguarding infant life by the establishment of ante-natal and other special clinics, these specialized clinics being the consultative centre of a number of departments devoted to the promotion of infant welfare at all stages. The committee are appealing for £200,000 to put this scheme into constructive and permanent shape. All information concerning it may be obtained from the Secretary, Special Appeal Fund, Royal Free Hospital, Gray's Inn Road, London, W.C.

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EDITORIAL.

THE VISION OF THE FUTURE.

The deliverance of any class of workers from economic subjection is never accomplished without a struggle, which is often long, bitter and relentless, for the reason that such deliverance means better conditions of work and pay for the class concerned, and therefore greater expense to those who have previously made large profits from their work.

There is ample demonstration of this so far as the professions and trades of men are concerned, and when women's professions are involved the situation is incredible to those who do not understand underlying causes. It is infinitely to the credit of women who do understand the forces which they have to combat, yet that because of the vision of the future which shall dawn when the goal is attained so many have deliberately chosen the difficult way, and sacrificed material welfare, personal happiness, health, and even life itself, in order to be faithful to that inner voice which impels them to a certain course of action.

An example of this is to be found in the movement of women to obtain the political enfranchisement of their sex. A wealth of devotion and heroism has been poured out upon it by women of many nationalities and tongues, and still more are ready to step into the ranks.

The movement for the organisation of nursing as a profession, involving also their economic freedom, is one which has demanded self-sacrifice and devotion for the past thirty years in no small degree—a degree, indeed, not anticipated when the registration banner first floated out bravely, now over a quarter of a century ago. But,

through evil report and good report, it has always been held aloft, and we have confidence that it will be faithfully guarded until the last fortress of ignorance, prejudice, of self-interest, falls before the invincible power of right. For that is the compelling force which sustains women in their unequal fight.

Recently there has been an indication that prominent Matrons who have hitherto held aloof from the movement for organization of the nursing profession are now convinced of its necessity, and ready to take part in the work. We cannot refrain from wondering if they realize the forces they are "up against," that is if we are to have the kernel as well as the husk.

If a profession in the future is to develop on healthy and progressive lines its members must secure reasonable powers of self government. But this is precisely what affects the vested interests of those who hitherto have dealt with an unorganized body of workers, and therefore where difficulty is likely to arise in reconciling diverse interests. Therefore experience, tact and political knowledge, as well as a grip of the question as it affects the workers, and loyalty to their interests, are all factors affecting a situation which simple as it may appear on the surface is really extremely complex.

Few people probably understand how great a tax the struggle for the organization of women's professions imposes upon those who bear the brunt of the battle. Indeed it is only comparatively few whose physical strength is equal to the strain. Some of the best gifts with which women can be endowed are physical fitness and the power of endurance, but fortified by these and sustained by the vision of the future there are few things that they cannot accomplish.

OUR PRIZE COMPETITION.

WHY HAS THE COCAINE HABIT SUCH RUINOUS RESULTS TO HEALTH?

We have pleasure in awarding the prize this week to Miss Dora Vane, Exeter, Devon, Devon.

PRIZE PAPER.

"I am so fast in prison that I cannot get forth" might have been ejaculated by a victim of the cocaine habit, for if alcohol and morphia bind their victims with iron chains, cocaine uses the strongest steel links for its votaries. Alcohol and morphia may be taken in moderation for years without causing any degeneration to be remarked by the patient's friends, but however sly and cunning the cocaine taker may be, the hallmark of the drug only too soon appears, and proclaims to all and sundry that the patient has sold his birthright for a terribly fascinating drug, perhaps the most dangerous drug we possess. The danger lies in the fact that cocaine absolutely rules its victims, and constantly demands fresh sacrifice. Honour, truth, cleanliness, and self-control, all these go, and go quickly, and the victim, who but recently was respected and honourable, is now debased in every way. The euphoria caused by cocaine is so ephemeral, then more must be taken, and then more, until the whole system is clogged with it, and the patient becomes so obviously abnormal that his friends are obliged to look into his state of health. The whole physical, mental, and spiritual ego seems changed—"possessed," one may truly say—and even the patient normally honourable and accustomed to a high moral standard, cannot get out of prison, although he may make pitiful and constant efforts. As soon as the supply of the drug becomes low, or it is cut off, torment begins, and any plan, however foolhardy and hare-brained, will be thought and carried out; in fact, the ingenuity with which these patients will obtain their "dearest enemy" often makes superficial observers think they could easily give it up if they wanted to. This is not so. Of course, one does hear and I know personally of what one may call revelations of God's power or miracles nowadays, as when, for instance, a patient taken ill suddenly with nephritis managed to cure herself in a nursing home by prayer and faith. Neither doctors nor nurses had any knowledge of her cocaine addiction until she herself told them after her convalescence. This may seem far-fetched, but it is absolute fact. Those in charge of the case were not thinking of such a possibility, and the patient, a nurse who had been advised to use cocaine to wean herself from the morphia habit,

realised that she now had a chance, and during her enforced abstinence she returned to the faith she had deserted, and found rest and peace. In the ordinary case, however, we must understand that two distinct facts hold good in every case of inebriety, viz., (1) it is *always* caused by the refusal of suffering; (2) no case must be regarded as hopeless.

With regard to the first point, one should try and win the patient's confidence, and re-educate him with regard to pain, not necessarily removing the suffering, but making it a blessing. A sensitive boy with a clubfoot was once asked by his headmaster: "Are you not too sensitive about your foot? Has it ever occurred to you to thank God for it? He has given you this as a mark of His favour, knowing that your shoulders are strong enough to bear this cross for His sake." To drug takers, especially nurses, who may be tempted and may ask: "Why am I given this load? Others have suffering to bear, but not a trouble like mine—something that makes one despise oneself, and from which one cannot altogether escape, because the temptation will recur as long as there is a chance of the evil one getting my soul." The answer is again: "This heavy weight is given just to make a stepping stone to higher things, and one can imagine how precious such a soul must be when the powers of evil relax no effort to take it by storm." Secondly, such cases must be nursed in suitable homes by nurses trained for the work. They must be imbued with a true love of their fellow-men, they must love their special work, and they must make their patients help themselves, and their wrecked souls and bodies will find peace.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss K. Kohler, Miss Macpherson, Miss B. Robinson, Miss M. Goldsmith.

Miss Gilchrist says that the three classes of persons who succumb to the cocaine habit are: (1) Those who neglect their health and have an inherited tendency to drug taking; (2) the neurotic, highly strung, unstable type who suffer from nerve exhaustion, and (3) the brain worker, working at high pressure.

QUESTION FOR NEXT WEEK.

What care should refrigerators receive? How would you preserve ice?

We have received, a week too late, a paper from Miss Dorothy A. Woodward on "Intestinal Colic," which we specially regret, as it is evident much pains had been taken in writing it.

NURSING AND THE WAR.

Miss Mildred Vernon-Hart, at Sister, Queen Alexandra's Imperial Military Nursing Service, (Reserve), Miss Catherine Thorpe (Matron, "The Manners Ambulance") and the Hon. Angela Manners (Sister, and Organiser of, "The Manners Ambulance") attended at Buckingham Palace on Saturday last to receive their Royal Red Crosses.

On May 12th, the birthday of Florence Nightingale (the "Lady of the Lamp"), a Lamp Day street collection will be held in London, in aid of the Women's Service Bureau, the Women's Emergency Corps, and the British Women's Star and Garter Hospital.

Miss M. Blakeley, whose portrait we publish on this page, and who has been appointed Assistant Principal Matron in France, has been mentioned twice in despatches and awarded the Royal Red Cross. She has two brothers in the medical profession, to one of whom we are indebted for the loan of her pretty photograph.

According to the summary of work ending March 4th, the total number of V.A.D. members now at work through the Central Department at Devonshire House is 2,878, of which 1,881 are in the wards of military hospitals at home, and 73 engaged in general service in these hospitals; 677 are in military hospitals abroad, 87 in auxiliary hospitals at home, and 160 under the Joint Committee in France, Sicily, Italy, Malta and Egypt.

Sixty-two new applications for nursing service, and 45 for general service have been received at Devonshire House during the last fortnight.

So that through this source alone 837 practically untrained women have been sent on foreign service, to do work that hundreds of trained nurses are longing to do. This is especially hard when one realises that these unskilled workers cost the country almost as much as a highly skilled trained nurse. Great complaints reach us of the excessive responsibility thrown on the trained women in having V.A.D.'s as substitutes for staff

nurses. "Two V.A.D.'s are as good as one staff nurse," an army Matron is reported to have told a complaining Sister. What a ridiculous statement. The Sister writes: "Instead of one reliable worker to help me, I have a staff of two well-meaning girls I have to watch like a cat watches mice, to see that no terrible accidents happen. One is on the rack night and day."

Mr. Justice Bargrave Deane in the Probate Court was asked to admit to probate the contents of a letter dated October 8th, 1915, written by Ada Stanley, who died at the Netley Hospital on December 23rd. Mr. W. O. Willis, counsel, asked that it should be regarded as a soldier's will.

Mr. Justice Bargrave Deane: Is it the old story—can a woman be a soldier?

Mr. Willis: Yes; but I hope we have advanced since the days of Charles II.

His Lordship: But this lady was not even nurse; she was a nursing sister.

How the once honourable title of "Sister" has fallen! High time we had a Nursing Register to refer to in our Law Courts, as in the case of the Medical Register. We shall not then, as now, have persons posing as "Nursing Sisters" who are "not even a nurse." Only legal registration can tackle such evils.

We regret to have received several letters from Sisters home from Serbia referring to the now notorious picture which appeared in the *Daily Mirror*, and which we hoped might have been faked, describing circumstances of a like nature which they

witnessed, which aroused their just indignation.

The picture of nurses "Caught napping" sleeping on straw, and "Somewhere at the Front in Russia," which appear in the following pages, have been kindly lent to us by Miss Violetta Thurstan, who has recently returned from Russia, with its bells still ringing in her ears. "The bells of Russia," she says, "are the most beautiful in the world, deep, mellow and irresistible, incessantly calling the faithful to church, and I can imagine the Russian peasant in other countries



MISS M. BLAKELEY, R.R.C., Q.A.I.M.N.S.,
ASSISTANT PRINCIPAL MATRON IN FRANCE.

being as homesick for his bells as ever the Swiss is for his mountains."

An English nursing sister who is working on the Grand Duchess Olga Nikolaevna's Hospital Train, gives a very interesting account of her experiences in the *Evening Standard*.

"I have met with the utmost courtesy and kindness from the doctors, Sisters and kommanda, and it has been a great pleasure to work with them. With the Russian genius for hospitality they have made me feel quite at home, and I know that in my person they have wished to do honour to England as one of their allies. On New Year's Day the kommanda presented me with a case containing a silver knife, spoon, and fork, and a poem composed by one of them, the last verse of which was a greeting to their brothers in England.

"For the wounded on whom I have had the privilege of attending I have the profoundest admiration, respect and love. They are wonderful men, those Russian soldiers, peasants for the most part, and often unable to read or write, but with a great sense of humour and an enormous amount of common sense. They are so grateful for the smallest attention that I have felt more than a hundredfold repaid for any little service I have been able to render them.

"My great hope and desire is that England and Russia may always remain friends, and that they may learn to understand and know each other better. There is a great deal in the Russian character which should appeal to us English, and they on their part are ready to take us to their hearts. With characteristic generosity they credit us with so many good qualities that one can only fear lest they should be disappointed on closer acquaintanceship."

We are glad to know cheery and charming Miss P. F. Watt, Lady Superintendent, Military Nursing Service for India, has been sent with the Rawal Pindi Hospital to Mesopotamia. "We are at present," she writes, "on a steam barge with an armed escort, going up the River Tigris to a place I may not mention. We are the first Sisters to go up the river, so I have no doubt

we shall find plenty of work waiting for us on our arrival." That was five weeks ago.

From a letter from the Urgency Cases Hospital, Revigny, France, we quote the following interesting note of the downfall of Zeppelin L77:—

"In the morning, about 10.30, I was just finishing a letter before visiting the wards when I heard the bang of guns. Rushing to the verandah I saw the most wonderful sight. Fifteen German Taubes right over the Chateau being shot at by the French guns. Shrapnel bursting all over the place. The guns drove them off, but they returned at 3 p.m. and the second raid was worse than the first. They were again driven off and we thought all was over. But the most exciting part of the day was yet to come. One of



CAUGHT NAPPING.

the surgeons returning from the wards at 8.30 came in to say that star shells were being thrown into the sky. We went out to look and suddenly the guns opened fire on some dark object in the sky.

"As we watched shot after shot went into her, and suddenly she burst into flames and came slowly down. She fell about three miles away.

"Some of us went to see the wreck next morning. It was a terrible sight—the remains of dead and half-burnt Germans amongst the ruins. The Zep. seems to have been made entirely of aluminium, with a sort of canvas covering. I have got a bit of the aluminium.

"Ever since the air raid, which was the beginning of things, we have had a most exciting time; we are evidently in for very big things. We are watching Verdun with great excitement."

In a letter from Care to Headquarters at 83, Pall Mall, a Sister writes:—"I have still the same ward I started in on July 1st. It is the largest ward in the hospital, and has 26 beds and a fine balcony, so all the patients are under my eye, which makes the work fairly easy. All the Sisters are happy and I think our part of the work goes very smoothly considering we are all from different hospitals. We each have a great deal of responsibility, as now we are much more like a military hospital and there are continually new rules and regulations. I had a much larger number of patients in the summer, and after the bad time of dysentery I had a time of fever (dengue, I think), which kept me off duty a month, but before and since I have been very well indeed. We all seem to be settled here and one would hardly think such a terrible

FRENCH FLAG NURSING CORPS.

Miss H. Hawkins has been kept quite busy packing the charming gifts sent through our appeal. Sister Scott, at Château Thierry, Sister Perkins, at Remiremont, and Sister Lind, at Steenwoorde, will, we hope, soon receive bales full of useful articles, sent off last week.

The President, Vicomtesse de la Panouse, has sent splendid consignments to Toul and Verneuil, and we hear of many other gifts. Hospital comforts and clothing vanish like snow; they are in such request. When we realise that the brave soldiers of France are guarding 500 miles of trenches and fighting day after day like lions, to keep the invaders from breaking through their defences, it is easy to imagine the enormous supplies required to keep the hospitals equipped.

Mrs. and the Misses Davies, of Plas Dinam, Llandinam, are most generous to our Sisters; and Sister Roberts, of Toul, wishes to thank them and Mrs. Scroggie of Birkenhead, for feather pillows, pillow cases, combs, tooth-brushes, frost-bite socks, trench socks, shirts, and innumerable comforts for the men.

A lady told us recently, "I have attached myself to your Sister L. I would rather send to one and keep in touch with her; it gives me greater interest to concentrate my little efforts."

This is the same spirit which prompts kind people to "correspond" with a "lonely soldier." We feel sure the Sisters appreciate this personal interest in their work, and we will gladly give a hundred addresses to anyone who would like to "attach herself" and her gifts to any special Sister. It appears a very happy plan.

MR. WILSON AND SCOTTISH HOSPITALS.

Miss Kathleen Burke, Organising Secretary of the Scottish Women's Hospitals for Foreign Service, on her visit to America was sympathetically interviewed by President Wilson, and received a gift of £1,000 for the funds from Mr. Carnegie.



SOMEWHERE AT THE FRONT IN RUSSIA.

war is going on. It is not altogether peaceful here, but we have thousands of troops in Egypt.

"The patients are very cheerful here and they had a splendid Christmas. I am writing from the new club; it is quite like home, as the housekeeper makes the cakes for tea and the charges are very small. There are already 620 members and it has only been opened three months.

"It is such a long time since I wrote that perhaps you will like to hear how we are getting on here. It has been delightful to have cool weather; it is just beginning to get warm, but we are all acclimatised by now. We are busy, and the work is more like that of a general hospital, as we have all the cases from a big camp near."

EXPERIENCES OF UNIT K. AT VIENNA.

A most interesting paper was read by Miss Lyda W. Anderson, R.N., at the eleventh annual meeting of the American Red Cross at Washington, which in a condensed form is published in *The American Journal of Nursing*, on the "Experiences of Unit K. at Vienna, Austria," from which we publish the following extracts.

AN AMERICAN RED CROSS NURSE IN AUSTRIA.

A year's work as a Red Cross nurse in Europe during its grim and tremendous war had its hardships, its problems, its disappointments, but no less its gratifications, in incomparably interesting experience, and compensations, likely to be realized more in the future than just now.

The hospitals in Vienna reserved for military use were of two kinds, those under the Kaiser's special patronage, *Kaiserliche und Königliche Reserve Spital* and those managed by hospital associations, *Vereine Spital*. Our hospital was known as the *K. u. K. Reserve Spital No. 8* and as the American Mission. . . . The coming in of the transports gave us the most strenuous work. The railroad stations where the wounded were first received were all under military organization.

VOLUNTEER WORKERS.

A corps of volunteer Red Cross workers were in service night and day at these stations; these workers were investigated and accepted at the Red Cross headquarters, upon application. Some had received a six weeks' course in first aid, but those without any special training were received as well. Might I suggest that a branch of Red Cross relief work needing most careful, rather special organization is the body of volunteer untrained workers? Transports of from one hundred to one thousand wounded would arrive at one station during the night, the patients were fed, urgent needs looked after, classified according to seriousness of condition, and distributed according to this classification to the various hospitals of the city. Transports for our hospital were announced three or four hours before. The gymnasium of the school, situated on the ground floor and opening out into the court, was used as a receiving room. From thirty to one hundred men were received at one time. They were first given food: hot soup, hot cereal, bread, a small glass of cognac, and the indispensable cigarette. Thousands of cigarettes were consumed daily and such a comfort as these were to the soldier! They were not the injurious cigarettes we preach against, but were prepared from a mild tobacco by the workers in the hospital. Then the cleaning process began. The head was first shaven; soldiers doing their military service on duty at the hospital attended to the undressing. The clothing was immediately dropped into a sack ready for sterilization; men doing this work were protected by linen suits completely covering the body, head and all, similar to a diver's garb.

TREATMENT OF THE WOUNDED.

The wounded were afterwards smeared with a disinfecting salve, robed in a sheet and sent to the next room which had been equipped for bathing, and the scrubbing they received here they will long remember, neither will the nurses forget it soon. Many had not had their clothes off for six, seven and eight months or even had their faces washed in this time. Frozen feet were one of the most lamentable conditions we had to meet. During the campaign in Galicia last winter few escaped and it almost always meant amputation, conditions were so advanced. After the bath they were registered, their wounds dressed and they were put to bed. We had good, comfortable beds supplied with hair mattresses, linen and warm blankets. To this comfort the poor man succumbed, fell asleep and, unless he had some pain, slept incessantly the first few days in the hospital from sheer exhaustion. To be free from the vermin, with which they were almost always infested to a greater or less degree (they had often rubbed their bodies to a bleeding point) was in itself the greatest relief. The warm furry garments on the dead bodies of the Russian soldiers found on the field were a temptation to the Austrian marching in the cold; but he utilized these to his intense regret, they were invariably alive with vermin. Thousands of crates of germicidal salve, put up in individual tin boxes, were sent from Vienna to the trenches and soldiers begged more for these than for clothes.

AUSTRIAN SOLDIERS AS PATIENTS.

Our hospital accommodated three hundred and fifty patients and was almost always fully occupied. The Austrian soldier was a most appreciative, courteous, obedient patient, far superior to the same class of patients in our own public hospitals. The American nurse will never forget this "game" crowd of men, nor question for a moment if it was worth her while to go over to nurse them when she thinks of their heroism, and remembers their sincere, tear-compelling words of gratitude for her services. The saddest time in our hospital was when these men marched out in their crumpled uniforms, a little weak and unsteady, but "fit" for further field service according to the hospital surgeon, brave and uncomplaining. The Austrian soldier accepts the war submissively, as the inevitable, never questioning for what he is fighting, or whether the sacrifice of his precious life is adding to the glory of his country or is fulfilling anything of value to the world. Seeing troop after troop of the best men of the country, as fine as the world has to offer, talented, men of great minds, marching out daily, few to return, and these few maimed and useless citizens, one wondered that it did not stir anarchistic feelings. Nursing the men back to their normal life of usefulness would have given one a joyful satisfaction, but to know that they were made well in order to go out and possibly be destroyed the first day, and the uselessness of it all, one could not permit oneself to think about

DEARTH OF SUPPLIES.

In September, two boxes of supplies came directly to our hospital from America, one from the Pasadena Chapter of the American Red Cross, with surgical supplies prepared ready for sterilization; and one from Mrs. Whitehouse of Manchester, Massachusetts, of rubber goods, underwear, linen, &c., all most acceptable. Supplies of all kinds so much wanted last winter will be much more needed this winter. Some months back they issued a call in Vienna for all the old linen to be used, when frayed into ravelings, as a substitute for absorbent cotton. Housewives were required to give up all copper and brass utensils to be melted and sent to ammunition factories. Some splendid heirlooms, beautiful Russian samovars, oriental urns, &c., were sacrificed. An especially designed iron finger ring worn by anyone signified that this person had thrown a jewel into the coffer and accepted this war decoration instead. Though the needs are yet not calamitous, supplies of all kinds can be used; socks, handkerchiefs, a good leather bedroom slipper for the convalescents in the hospitals, money to be expended for such small luxuries as cigarettes, tobacco, letter paper, postal cards, pencils, pipes.

HATRED OF ENGLAND.

The intense hatred of England frequently occasioned embarrassment to anyone speaking the English language. The American nurses and doctors were often accosted in public conveyances and told that *nur Deutsch ist erlaubt*. These protests did not represent the attitude of the Austrian people generally, but were the expression of a few extremists who held a mistaken idea of patriotism. On a short railway journey out of Vienna, accompanied by a young Austrian woman, I exchanged with her a few commonplace remarks in English. We were seated in a compartment with four other passengers and all at once found ourselves alone, each one as he left expressing himself most vehemently against anyone speaking this odious language, *unverschämte sein*. Apologies and explanations came to us from the Austrian Red Cross through the Vienna papers with the advice that we always wear the American Red Cross brassards; but this proved later a doubtful protection for, with the feeling becoming quite universal that our country was not neutral, that but for the ammunition furnished the enemies by America the war would long since have ended, and this they firmly believe, it was hard for the common people to distinguish between their open enemies, the English, and their "Machiavelian" neighbour, America.

GERMAN THOROUGHNESS.

Of the thoroughness of any system instituted by the German government, there can be no question left in the minds of travellers who have crossed her border the last few weeks. The only thing one can think of, after one has been examined by them, which they might have done, but didn't do,

was to apply the X-ray, in order that anything invisible to the naked eye might not escape them. That you have a passport signed and viséd by the governments prescribed, proving you an American citizen on a peaceful and legitimate business, that you are a Red Cross nurse, as proven by "Legitimation" cards, who has given voluntary service to their wounded for a whole year, and who has been decorated for this service by their own government means nothing to the *Revisions Offizier*. The regulations except no one. Your clothes are removed and every garment is examined, for was not one woman just the day before, who had come in with a presumably broken arm, found with papers concealed in her bandages? Your body is examined, for in the week past a woman was found with her back tattooed, showing the plan of the army. The soles of your feet are scraped; there is a possibility of papers being plastered there by adhesive. Your toothpaste is squeezed out of the tube, your candy pieces are broken, powder boxes are emptied, &c. You feel when you are through that your very soul has been ransacked, that they know your very thoughts. All papers, books, printed and written matter is held over for more careful reading and is mailed to you later, if you leave the money for postage. If you remain in any German city longer than is necessary to change trains, you are required to report to the police department when you arrive and when you leave, giving a short sketch of your life each time, assuring them of your legitimate business and leaving your finger print. Any war souvenir such as bullets or anything used in the field by the soldier, maps, diaries, &c., they retain, giving you the promise that they will be sent you after the war. For the civilian they have no regard; he is a trouble to them in their serious business of war.

CARE OF THE WOUNDED.

Queen Alexandra last Saturday afternoon visited the Queen Alexandra Hospital for Officers at Highgate. Her Majesty was received on arrival by the honorary surgeon, Mr. Herbert Paterson. The Matron, Miss Singininx, had the honour of being presented. Queen Alexandra spent upwards of an hour, passing through the various apartments of the hospital and conversing with the patients.

The Wounded Allies Relief Committee has sent out most munificent gifts to sick and wounded Serbian soldiers at the island of Vido, near Corfu, of food stuffs and clothing.

The work of the Central Committee of ladies that was formed shortly after the outbreak of the War to collect, pack and forward comforts to the various R.A.M.C. units at the Front has been greatly appreciated. More than two thousand bales have been sent out.

EDMONTON MILITARY HOSPITAL.

The War Office authorities have been fortunate in securing the Poor Law Infirmary, Edmonton, as one of the Military Hospitals, for the building is particularly well adapted for the purpose, being quite modern, with an excellent operating theatre, which has so far met all requirements, though it is proposed to instal a larger sterilizer, and an X-ray room has been added.

To most people Edmonton is known only as the place at which John Gilpin, on an historic occasion, proposed to eat his luncheon:

"To-morrow is our wedding-day

And we will then repair

Unto the Bell at Edmonton

All in a chaise and pair."

Evidences are still not wanting that Edmonton must have been a charming rural resort at that time. The running brook (or is it a river?), the little ivy-covered houses, and the handsome old country house, now a public building, surrounded by well-kept pleasure grounds, but at present utilized as additional quarters for the nurses at the Military Hospital, all testify to its bygone beauty.

Passing along Silver Street, on the way to the hospital, one is surprised to meet little knots of women, with shawls over their heads and obviously not "raised," as our American friends say, in this country, even if an occasional "ja" did not reach one's ears in the course of their conversation. The mystery is solved when one learns that there is a large colony of Belgian Refugees a little further along the road.

Arrived at the hospital, one finds Miss Dowbiggin, the Matron, in her office in the uniform of the Army Nursing Service Reserve, of which she is a member, and under her guidance has the opportunity of seeing this fine building.

One thing impresses one at once, since it is not a point which is most obvious in most military hospitals, and that is the smart and spick and span appearance of the wards. The patients are all obviously contented and happy, but there is none of the slackness which so often seems to be considered essential for Tommy when off duty. Not only are the wards trim and tidy, but the walls look as if they had just been painted, the

tessellated floors as if they had just been washed, the tables as if they had just been polished, the beds as if they had just been made. Such a high standard means much expert work and vigilant supervision.

The War Office has taken over not only the Infirmary, but its equipment and staff, and in regard to the latter the training of the probationers has occasioned much anxious thought for the standard at Edmonton is high and the methods systematic. However, the curriculum of the pupils in training has now been arranged. The Infirmary patients have been located for the time being in the old workhouse, and there, under a Superintendent Nurse, they receive their training in the nursing of women and children.

Anyone who studies the Syllabus in use will realize the thoroughness of the training arranged

by Miss Dowbiggin. The subjects to be taught by the Ward Sisters in the first, second and third years are defined, the Sister is required to initial each item to show that the instruction has been given, and the Examiner, usually the Matron, records her comments as to the results. The same thing is done by the Theatre Sister, to whom certain details are allotted for instruction. Then theoretical instruction is given by members of the medical staff, and a course on general nursing work by the Matron. The examination is conducted by an outside examiner.

We should advise Matrons who are arranging the course of training for their probationers to secure a copy of that in force

at Edmonton, for it is exceptionally well arranged.

In the well-ordered kitchen, in charge of an evidently competent woman cook, the liberal diets are prepared for the large number of patients who, when a new hut, now in process of erection, is occupied will number over a thousand, to say nothing of the medical, nursing, and domestic staffs needed for this large number.

Mechanical aid is necessary in coping with the work and some 900 to 1,000 sausages a day are made with the aid of a machine fed by an orderly.

Another appliance about which Miss Dowbiggin waxes enthusiastic is a potato peeling machine and she considers that every Matron of a large institution should be acquainted with its economy and utility.



MISS A. DOWBIGGIN.
MATRON, EDMONTON MILITARY HOSPITAL.

It is most fascinating to see the machine at work. By swiftly rotating the potatoes over a roughened surface just so much and no more than is necessary of the peel is removed. The "eyes" are then removed by hand, as no machine has yet been invented which can do this bit of work. The machine is made by the Imperial Machine Co., of "Crown Works," 22, Cricklewood Lane, N.W., and worked by the motor of an electric mincing and filling machine manufactured by the Hobart Manufacturing Co. The cost is £20.

One of the charms of a post away from the centre of London where land is worth its weight in gold is that a garden is a possible delight. Miss Dowbiggin's garden, with its pergolas covered with ramblers, must be a dream of beauty later on in the year.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Gifford House, Roehampton.—Miss C. E. Parker.
V.A.D. Hosp., Pendower, Newcastle-on-Tyne.—Miss E. A. Hopwood.

West Dene Hosp., St. Leonards.—Miss M. M. Doyle.

V.A.D. Hosp., Brackendale, Norwich.—Mrs. R. Mahoney.

The Beeches, V.A.D. Hosp., Berkhamstead.—Mrs. E. T. Barclay.

County of London War Hosp., Epsom.—Miss M. Laidlaw.

V.A.D. Hosp., The Tower, Rainhill.—Miss E. M. Dowling.

V.A.D. Hosp., Gl. Hermitage, Higham.—Miss M. A. W. Allan.

Red Cross Hosp., Ditchling.—Miss N. Cowell.

Gastwyche Hall, Colchester.—Miss C. H. Thelwall.

Regent's Park Hosp., Southampton.—Miss H. Monteith, Miss R. A. James.

Red Cross Hosp., Gillingham, Dorset.—Miss C. Bright.

Somerley House, Ringwood.—Mrs. M. Davies.

Aux. Military Hosp., Moor Park, Preston.—Miss G. Gould.

Red Cross Hosp., Penroye, Brecon.—Miss F. Greenwood.

Red Cross Hosp., Cirencester.—Mrs. E. Vann.

Aux. Hosp., Nethercourt, Ramsgate.—Miss M. M. Wilson.

County of London War Hosp., Epsom.—Miss E. G. Hill.

Broadwater Hosp., Ipswich.—Miss E. H. Nicholson.

High Rough Military Hosp., Haslemere.—Miss M. J. Dunne.

Highbury V.A.D. Hosp., Birmingham.—Miss L. Hicks.

Red Cross Hosp., Hawkhurst.—Mrs. J. I. Morgan.

V.A.D. Hosp., Barnstaple.—Miss R. Defries.

Overcliffe Hosp., Westcliff-on-Sea.—Miss N. P. Wheeler.

V.A.D. Hosp., Hovingham Hall, Malton.—Miss E. Parkinson.

Red Cross Hosp., Laverstoke, Whitechurch.—Miss I. White.

Red Cross Hosp., Old Hastings House, Hastings.—Miss G. L. M. Hart.

Aux. Military Hosp., Roundhay, Leeds.—Miss S. E. Hutton, Miss F. M. Wyncoll.

Longleat Military Hosp., Warminster.—Miss G. Jerrems.

Highland Moors Hosp., Llandrindod Wells.—Mrs. N. A. Davies.

V.A.D. Hosp., Rolovenden, Kent.—Mrs. F. Ball.
Murrell Hill Hosp., Carlisle.—Miss K. Walker-Wilson.

V.A.D. Hosp., Wellingborough, Northants.—Mrs. E. A. Adams.

Southwood Aux. Military Hosp., New Eltham.—Miss N. Horan.

Holt, Norfolk.—Miss M. Yell.
V.A.D. Hosp., Cirencester.—Miss J. Peile.

V.A.D. Hosp., Massandra, Weymouth.—Miss M. Leask, Miss P. Palmer.

Aux. Military Hosp., Dalston, Cumberland.—Mrs. W. M. Pinnell.

Relief Hosp., Chailey, Lewes.—Miss E. Connolly.

Etal Manor Hosp., Cornhill-on-Tweed.—Miss E. Bayliss.

Middlewood Hall, Yorks.—Miss A. F. Flood.
Rhydd Court, Hanley Castle, Worcester.—Miss R. P. Owen.

Red Cross Hosp., Budworth Hall, Ongar.—Miss M. Risely.

Red Cross Hosp., Henley-on-Thames.—Miss M. M. Doyle.

The Wilderness Hosp., Seal, Sevenoaks.—Miss B. M. Aldridge.

ABROAD.

Anglo-Italian Hosp., No. 1.—Miss E. Maskell.
Boulogne Headquarters.—Sisters A. B. Hatch,

F. E. Burch, G. Evans, E. Goodall, F. Piza, E. K. Spencer, E. E. Jenkins, M. Langham.

OUR SPLENDID WOUNDED.

A blind student, Mr. Percy Linney Way, F.R.C.O., heads the pass-list of the Massage examination, recently held by the Incorporated Society of Trained Masseuses. Five blind students, one a surgeon, who were trained at the National Institute for the Blind, passed the whole examination; two, Mr. Way and Mr. Norman Webb, obtaining distinction. Two hundred and one candidates, *in toto*, entered for the examination, of whom six gained distinction, and one hundred and thirty-one passed.

Six soldiers who have been blinded in the war passed in Part I (Anatomy and Physiology), and will take the rest of the examination in May-June. Blind students are examined in exactly the same way as sighted students, except that in the written parts of the examination they use a typewriter or have an amanuensis.

STATE REGISTRATION AND THE NURSING COLLEGE.

DISCUSSION.

We publish below a full report of the Discussion which took place at the Conference between the Hon. Arthur Stanley and his advisers and the representatives of the Central Committee for the State Registration of Trained Nurses, at the Royal Automobile Club on March 2nd.

The Chairman said he presumed it was intended to take the Memorandum as the basis of discussion.

Dr. Goodall said that when Mr. Stanley was good enough to see him recently he had said that he would like to put off the present interview until the Memorandum and Articles of Association of the Nursing College were drafted. The Central Committee had put its case before him in its Memorandum, and its representatives would be glad if he could give them a more detailed account of his scheme than was contained in his Circular Letter and in Miss Haughton's Paper. Such details, in fact, as would be put into the Memorandum and Articles of Association.

HON. ARTHUR STANLEY'S REPLY.

Mr. Stanley, replying, said he would take up some of the points in the Memorandum presented. His own Memorandum and Articles of Association were now being got out and were not yet in their final form, which might, indeed, depend a good deal upon what happened at that meeting.

They would take in as wide powers as possible so as to be able to do anything which might be required hereafter. The important point was the appointment of the first Council. It was necessary that it should be nominated, as there would be no members of the College in existence to elect it. Afterwards it would be elected by the nurses themselves and the few other people whom they chose to put on the Consultative Board, and who were members of the College. Then one-third of the Council would retire annually.

As to the question of whether or not this was the right time for action, his feeling and that of those who advised him, was that it was essentially the right time. At the end of the War, a large body of untrained women, members of Voluntary Aid Detachments and others, would come back and compete with trained nurses. The feeling about trained nurses was very strong and the appreciation of their work high at this moment, and nurses themselves were much more inclined to sink minor differences and unite in working for a common end. In the document read by Dr. Goodall, the whole argument was for State Recognition. With that he and his advisers were in utter agreement. The whole point between them was how that recognition was to be secured.

The Memorandum had referred to the majority on the division on the first reading of the Nurses' Registration Bill. He did not wish to raise controversial questions, but he did not think that constituted a very strong argument for the

Bill. Nine-tenths or more of the Bills introduced into the House of Commons did not have a division at all on the first reading, which was purely formal.* The fact that a division was taken proved that the opposition was strong, and that rather emphasised the point he wished to make. He did not see that in the objects of the promoters of the College Scheme and of the Societies represented, there was any difference. Where they differed was as to the best methods of obtaining those objects. If they proceeded by way of the Bill, all the difficulties as to setting up the Council, who was to be included in the Register and the penal clauses, would have to be discussed on the Bill. In his view, those points should be discussed and agreed upon before they went to Parliament to obtain a short and simple Bill like that of 1888, by which the Incorporated Law Society was enabled to keep the Roll of the Society. They first formed their Roll, and then took it to Parliament and asked it to acknowledge it.

There should be no difficulty as to agreement about a Bill, because the question had been thoroughly discussed, and they could take the existing Bill as a basis. They could eliminate from the Bill the Council which was to govern the Nursing Profession and the method by which the Register was to be formed.

The reference in the Memorandum to the fact that the College Scheme included amongst its supporters some of those who had been hostile to registration of nurses was, he thought, rather an argument in favour of his action, because he had already been able to interest some of those who formerly had not worked for State Registration.

With regard to the last paragraph of the Memorandum, he was entirely in favour of an agreed Bill. If the Matrons were agreeable, he believed that even at the present time, they could get a short and simple Bill enabling the College of Nursing to keep a Roll of Nurses. He thought there was quite a possibility of getting it passed as the Scottish Midwives Bill had been passed. He thought the Government realized that something was necessary, and that the country would be pleased to see anything done for the profession to which they owed so much.

PROFESSOR GLAISTER (Association for Promoting the State Registration of Nurses in Scotland), said that he came on a mission of enquiry, not to commit himself to any definite line of action. In the first place, the original document had been sent to the Royal Infirmary, Glasgow; they had read it through, and they thought they would wait. He, therefore, held a watching brief for that institution.

He would not be there with any appearance of doing away with the Bill for the State Registration of Nurses. He saw in the room several of its protagonists present at former Conferences. He did not desire to retire from the position taken up then.

* [The Nurses' Registration Bill in 1914 was introduced under the ten minutes rule.—ED.]

The question in his mind was: "When were they likely to get registration? Was the opposition met with less?" Apart from the War, he feared it was not. There were more ways to Rome than one, and if the institution of the proposed College was with the object of obtaining registration it might be worth considering.

As an examiner for the Local Government Board for Scotland, he thought it was time something was done, and he thought that if the nursing profession were to get its rightful place, it would only be after they had done something to justify Parliament in taking action. The Law Society had been quoted as an example of organization, but they might take that of the profession of medicine, which began its organization through a College with a Charter. It was not until the first Medical Act was passed in 1858 that they obtained legal registration. It was a case of Providence helping those who helped themselves.

He was not sure that he was in favour of Mr. Stanley's method. He was not in favour of placing the nomination of the first Council in the hands of individuals. The signatories should represent associations of nurses. They must start right, as if there were a wrong cog in the machinery it would break and groan. He was relieved to hear that Mr. Stanley did not wish to substitute his scheme for legal registration, but regarded it as a road leading to it. From that point of view it was worthy of consideration on the part of affiliated bodies.

MISS E. GRAHAM, Joint Hon. Secretary with Colonel Mackintosh of the above Association, said her Association would carefully consider the scheme, provided it did not prejudice State Registration. She came into close daily touch with nurses, and found that 99 per cent. of nurses anxiously desired organization. They suffered cruelly for the want of it, and would welcome any practical scheme leading towards State Registration. Some people were of opinion that organization should be deferred till after the War, but that was not her view. She considered that those not called upon to take an active part in military nursing abroad should continue this work.

THE GREATER INCLUDES THE LESS.

MAJOR CHAPPLE, M.P., considered that the time was opportune for doing something. If not, much injustice would be done to the sick by the partially trained women. In his opinion, the best method of protecting the interests, both of the public and the nurses, was by passing the Nurses' Registration Bill now before Parliament. He was not in favour of going back to organization through Colleges. State Registration of doctors protected the sick from unregistered practitioners, and would equally protect them from unregistered nurses. At present there was no standardized test for nurses; and women, whether trained for three months or three years, or even in a massage house, could equally claim the title.

There was something to say for a College, but everything that was needed could be obtained

through a Nurses' Registration Bill. The greater included the less.

He had had practical experience, both in New Zealand and in the United States, of State Registration, and in practice it was found that it separated the sheep from the goats. Every girl who wished to be regarded as a trained nurse, went in for the full course; then a badge was issued, which the registered nurses wore on the uniform.

The supporters of the registration movement were advised to conciliate their opponents. Few people understood the opposition. Who were opposing them? Their opponents represented vested interest. It was impossible to conciliate vested interest; one must overcome it. The chief opposition lay with partially equipped training schools, and with those institutions which gave a certificate for less than three years.

If a hospital certified its nurses at the end of two years and sent them out private nursing in their third year, charging the public £2 2s. a week for their services, and paying them 11s. of that sum, naturally it would oppose the Bill. There was only one leading hospital which did that, and it was a strong opponent of State Registration of nurses.

Major Chapple invited Mr. Stanley and his advisers to come along and have an agreed measure. The Scottish Midwives Bill was passed as a War measure, and if they all united in asking for the same Registration Bill he believed it would be granted to nurses.

Mr. Stanley had minimized the value of the Division on the First Reading of the Nurses' Bill in the House of Commons in 1914, but it was of extreme value because it had unmasked the opposition, members had had to go into the Lobby, and those who had then supported the principle of the Bill would do so on future occasions, therefore it would go through with flying colours.

Referring to the Memorandum presented by Dr. Goodall on behalf of the Central Committee, Major Chapple said it was succinct, comprehensive, and put the position well. He then read the last paragraph, which runs:—

"We therefore hope that the Committee which has launched this Voluntary Scheme will co-operate with those who have worked so long and earnestly to obtain the organisation of the nursing profession—a statesmanlike course which would command the respect and approval alike of the medical and nursing professions, of Parliament, and the public."

Major Chapple appealed to Mr. Stanley to say whether it was not possible to discuss the Nurses' Registration Bill and then go to Mr. Asquith with an agreed measure. He himself saw the possibility. In regard to the opposition of vested interests it could not be eliminated, but it could be voted down. A voluntary Roll was entirely inadequate. It had not the force of law. The whole scheme was so inadequate that it did not deserve the serious consideration of Parliament, whereas in our own colonies, in America, and in

Germany State Registration of Nurses had been proved to do all that it claimed to do.

A MOST IMPORTANT DIFFERENCE.

DR. GOODALL pointed out that the proposed Nursing College could not be compared with the Royal Colleges of Physicians and Surgeons. How many laymen, he asked, would be found on the governing bodies of those colleges, or of the Incorporated Law Society? The Nursing College scheme included them. That was a most important difference.

DR. COX SPEAKS FOR THE BRITISH MEDICAL ASSOCIATION.

DR. COX (British Medical Association) said that his Association was very interested in this question and on many occasions, at its annual meeting of delegates, had expressed its approval of the principle of State Registration of Nurses, and would be satisfied with no less.

Mr. Stanley believed that his scheme would lead to State Registration, but what guarantee would there be that State Registration would not be side-tracked?

The medical profession had been through the mill, and had serious difficulties with vested interests. It recognised years ago the undesirability of having so many entrances to the profession, and reformers had urged a one-portal system. The chief obstacle to this was the vested interests of the various corporations, and nurses would be unwise if they allowed themselves to get into a similar position, when by the exercise of a little foresight and resolution they might prevent it. The British Medical Association therefore wished to get the shortest cut for the ancillary profession of nursing. The Association represented more than half of the medical practitioners in the country, and no other could pretend to represent the medical profession. He saw no recognition of the British Medical Association in Mr. Stanley's scheme, though they had been so keenly interested in the question. It had opposed very strenuously various private efforts in the past, and was, moreover, very suspicious that some of the people behind this would use it as a means of side-tracking registration. That would be strenuously resisted. In the Memorandum presented on behalf of the Central Committee the olive branch was held out. If Mr. Stanley and his advisers were convinced of the soundness of the principle of State Registration, why not go on the more direct plan. If this scheme were proceeded with they would have to fight. Why not join hands and fight for something worth fighting for—State Registration and the one-portal system? Why not combine on the Bill, and see if the promoters of the College could not say where they considered it deficient, and whether it could not take the place of the College.

THE BILL AS THE BASIS OF DISCUSSION.

MRS. BEDFORD FENWICK said she was very gratified that for the first time State Registra-

tionists were really in consultation with the Matrons of the opposing training schools. She wished to support the last Clause in the Memorandum, which asked that the Bill might be taken as the basis of discussion. If all were in earnest, and believed that State Registration was the only basis on which organization could take place, this should be possible.

She strongly disapproved of the substitution of a Nursing College for a Nurses' Registration Act, and she thought she had a right to an opinion as she had been working for nearly 30 years for the organization of the Nursing Profession and had also visited Canada, America, France, Germany, Holland and Scandinavia, to study what was being done and what were the aspirations and convictions of nurses, and found that the most intelligent nurses all over the world desired to build up their profession on the basis of legal status.

Since they had begun to discuss the scheme in 1887 in this country, the nurses of a number of countries and States had organized and obtained State registration, and 53 Nurses' Registration Acts were now in operation. Voluntary registration without the basis of legal status had been tried in this country, but it had not succeeded, because it was not good enough. An adequate form of legal status meant professional enfranchisement. That was what nurses were out for and meant to have. She believed in the direct road, not the most expedient.

The Voluntary College Scheme would not satisfy those women who had been working for so many years to organize the profession. There were hundreds who would not come in if they were not going to get legal status, or any economic protection.

If they could all confer, taking the Nurses' Registration Bill as a basis of discussion, there was no reason why they should not get an agreed Bill. She had come there representing societies which numbered 6,000 nurses to ask if it were not possible to have this conference.

Almost the whole of the professional opposition would be eliminated if those supporting the two schemes could arrive at an agreed Bill. She therefore urged most earnestly that Mr. Stanley and his advisers would agree to another Conference at which they could take the Nurses' Registration Bill clause by clause, and see if as reasonable people, all desiring the welfare of the nursing profession, they could not come to agreement. If they could not agree she was bound to say that the two Societies she represented intended to oppose the College Scheme, as they believed that State Registration would be side-tracked for so long that the majority of those who had made it their life's work would not live to see it. They had convinced the electorate that State Registration of Nurses was the right thing, they had convinced Members of Parliament as to the necessity for the organization of this

great women's profession, and the protection of the economic interests of nurses. She hoped that those before whom they had placed their case would realize the strength of their convictions. She believed that with Mr. Stanley's support, and the help of their colleagues who held such honourable and responsible positions in the nursing world—the Matrons of St. Thomas's, Guy's, and others—the Premier would consider that they had come to such substantial agreement on the Bill that he would grant time for its consideration in the House of Commons.

They would be no worse off if they held the Conference, and could not agree, but she hoped they would try to do so. She therefore pressed very earnestly for a Conference on the Bill.

Miss E. M. Musson, R.R.C., said that in Birmingham they had not yet had the opportunity of discussing the scheme in detail, as so far they had only received Mr. Stanley's Circular Letter, but she had had the opportunity of talking to her colleagues about it both individually and in associations.

She was very glad to find Mr. Stanley sympathetic to the principle of State Registration. The members of the General Hospital Birmingham Nurses' League felt that they could not support any scheme which did not wholly support legal Registration, and leading medical men in the Midlands were also in favour of Registration by the State. Great exception was taken to the nomination of the first Council, and to the little account paid to nurses working outside hospitals. The scheme guaranteed nothing to the large body of nurses already trained and practising. She warmly supported Mrs. Fenwick's proposal for a Conference on the Bill.

Miss Cox DAVIES, R.R.C., said that she was in touch with a large number of nurses as President of the Leagues of St. Bartholomew's Hospital, and Royal Free Nurses, and, as Principal Matron of the First London General Territorial Hospital. She was emphatically in favour of Mrs. Bedford Fenwick's suggestion. There was a strong feeling on the part of nurses that nothing but a definite legal position and State Registration would satisfy them. Education was not all. She thought the voice in that room was solid for recognition by the State, and that being so they had a common meeting ground. In regard to the economic condition of nurses, quite certainly something should be done as soon as possible. Not only the educational, but the economic conditions under which nurses worked were important. She could not help feeling that if all those present united nurses would have the protection they needed in a very short time.

Miss J. C. CHILD, South African Military Nursing Service, and formerly Matron of the New Somerset Hospital, Cape Town, said how very much the need of legal registration at home was felt in South Africa. Having attained that she thought a Nursing College would naturally

follow. She spoke of the difficulties which arose in South Africa through lack of legal status for nurses in this country, thus at the New Somerset Hospital all Sisters were required to be on the Cape Register before being accepted. When she entered on the position of Matron, and got the certificates of Sisters already selected, the certificates of two well-known hospitals in London were not accepted because the conditions of training were not in conformity with South African standards.

If a system of State Registration were in force at home there would be reciprocity of recognition and such instances would not occur.

She had no direct message from the South African Trained Nurses' Association, but it was their earnest desire to affiliate with the home country. There were good schools and excellent training in South Africa, and the nurses there strongly objected to nurses from overseas being appointed to positions there without being on their Register. That meant that thoroughly trained nurses from home had the humiliation of being obliged to pass an examination in South Africa before taking up posts there.

MRS. PORTER (Irish Nurses' Association) said that Irish nurses felt that no measure short of one providing for their State Registration would be of use to them.

DR. TURNEY (Nurses' Co-operation) said that education and economics were both involved in the question of organisation. As chairman of the Committee of Management of the Nurses' Co-operation he was not blind to the economic interests of nurses. The question of organisation was one of great urgency. Voluntary helpers were doing excellent work in this war, but there was a danger of their being confused in the minds of the public with thoroughly trained nurses. If things were left as they were till the war was over the position of trained nurses would be prejudiced. The mere fact that Mr. Stanley had been willing to take up the question was an assurance that the members of Voluntary Aid Detachments would receive fair treatment, and that no injustice would be done to trained nurses.

In the conflicting policies the advocates of State Registration seemed to have fixed their attention entirely on the economic aspect. (No, no, and We dispute that.) A doctor did not care twopence about his registration. The only time he troubled about it was in the law courts.

Those interested in education believed that in the long run no time would be lost by carrying out the College scheme, which aimed at the maximum, not the minimum, and wished to start with a high standard.

SIR CHARLES RUSSELL, who said that he advised Mr. Stanley from the legal point of view, expressed the opinion that there was no difference of principle between those who advocated State Registration and State Recognition—call it what you will. The question was how best to proceed. A Nurses' Registration Bill had been brought forward by

a very able Committee but it had met with opposition and that opposition was not dead. That was a great compliment to its advocates. But they had to face the fact that they did not stand a chance of Parliament looking at their Bill for years. But the question could be approached as the organisation of other professions had been approached, *i.e.*, by the solicitors and chartered accountants.

MISS BREAY (Society for State Registration of Trained Nurses) said that the majority of nurses would be satisfied with nothing less than legal registration. They were not a bit afraid of the opposition to their Bill in the House of Commons if they got facilities for its discussion.

MR. STANLEY, in reply, began by expressing his gratitude and appreciation for the way in which the discussion had been carried out. No more important meeting had been held in connection with the subject than this. He referred to the conciliatory way in which Mrs. Bedford Fenwick and others had put forward their views, and expressed the opinion that they were not far from agreement. He would like to say to Miss Musson he did not see how they were to get over a nominated Council in the first instance. Dr. Goodall spoke of laymen on the Council, but it would be entirely in the hands of the College whether they were there or not.

On broad grounds he thought they all agreed in their aims, but differed on questions of procedure. He hoped they might be able to agree on those. He had carefully studied the Nurses' Registration Bill. Under its provisions, they would have to set up a Governing Body. Surely it would be the best way to have that body in working order and then go to Parliament to sanction it. Some of those present thought the Bill should come first and then the College. Why not the College and then the Bill?

It was feared by some that if that method were adopted, registration of nurses would be postponed indefinitely, but no recognition was conferred by the Board of Trade.

MAJOR CHAPPLE asked if Mr. Stanley would be willing to support the Nurses' Registration Bill.

MR. STANLEY replied that he suggested setting up the College now and getting the stages finished before the end of the War. Then, if they could agree about procedure, they would ask Major Chapple to introduce the Registration Bill into the House of Commons.

As to who would be the signatories to the Memorandum and Articles of Association, some outside Societies were represented in the room. Would there be any possibility of the meeting suggesting some signatories from those Societies? There would have to be some others besides those present—some of the large training schools—and three or four from that meeting would be quite sufficient.

He would be willing to meet the representatives of the Central Committee and confer on the Bill. The suggestion that the College should be incor-

porated in the Bill was worthy of discussion. But he did not want to stop the formation of the College. It had to be done now. Would there be any signatories from that meeting? If they referred back to the various societies, they might have to wait for months.

MRS. BEDFORD FENWICK said that the representatives of the Central Committee had not been empowered to take any such action. All they could do was to arrange to have a further Conference, without prejudice, to consider the Bill.

PROFESSOR GLAISTER thought it a little too hasty to ask those present to agree to sign the Memorandum and Articles of Association, when, so far, they had had no opportunity of seeing them. He suggested that they should adjourn and have another Conference in two or three weeks' time after these had been considered.

MAJOR CHAPPLE said that if they could go to the Government with an agreed measure he felt sure Parliament would accept it.

MRS. STRONG (President, Scottish Nurses Association) said that for over twenty years she had hoped to see a legal system of registration of nurses instituted. She hoped that by conference much might be achieved.

MISS MUSSON asked why the Governors of Hospitals should help to nominate the first Council.

MR. STANLEY replied nobody had said they would. Possibly his Circular Letter had given that impression.

MISS MUSSON pointed out the phrase in Mr. Stanley's Letter in which it was stated that the Promoters of the College would be sought amongst the Chairman and Governors of leading hospitals, &c., and that the promoters would nominate the first Council of Management. Trained Nurses did not think that the Governors of hospitals should govern them.

MR. STANLEY said he rather gathered that. He added he wanted to go on with the formation of the College. Something must be done and he regarded the Bill as more or less subsidiary. Let them go ahead, form the College, get a building of their own and a Board of Examiners. Then if they went to Parliament they would get what they wanted.

MAJOR CHAPPLE said in that case it was quite obvious those working for legal registration must go on. They believed that the College Scheme if carried out would torpedo registration, and they would therefore be obliged to torpedo the scheme.

MRS. BEDFORD FENWICK saw no reason for hustling. They had waited, she said, for thirty years and could wait a little longer. They wanted to avoid being compelled to oppose the scheme and they would have to oppose it unless they could come to an agreement on the Bill. She had haunted the lobby of the House of Commons for sixteen or seventeen years, and she knew the pulse of that House on the question of registration

better than anyone in the room. She was convinced that if they went to Parliament with an agreed Bill they would get registration, but if the College Scheme were put into practice first registration would be delayed for years.

MISS COX DAVIES said that she saw some present who had never apparently been convinced of the desirability of registration before. All were urgently desirous of being united on this question; could they not really come to some conclusion by which they could become so.

MR. COMYNS BERKELEY said that a large number present thought that State Registration would be deferred by the foundation of the College. If the College were founded, would Mr. Stanley and his advisers meet the Committee at the end of the war and form a sub-committee to draft a Bill? Mr. Stanley expressed his willingness. Mr. Berkeley suggested a Conference with the Articles of Association of the College as the basis of discussion.

MRS. BEDFORD FENWICK maintained that the Registration Bill should form the basis of discussion. The representatives of the Central Committee present were trustees of the interests of a large number of nurses.

MR. STANLEY said there were several clauses in the Bill which the establishment of the College would render unnecessary. They must go ahead. Discussion over an agreed Bill would delay matters. He hoped to ask representatives of hospitals and training schools to a meeting, each to appoint a representative on the consultative board, which would be representative of all the training schools. If they added to that the different societies in the room, how would that do?

MRS. BEDFORD FENWICK, holding up the Bill, asked what was to become of that. Was it to go into the waste-paper basket?

MR. STANLEY thought some clauses in the Bill would become unnecessary.

MAJOR CHAPPLE suggested that if both parties consulted their Parliamentary draughtsmen possibly the scheme and the Bill might be incorporated. Their aim should be to draft a comprehensive scheme. Why should each go separately?

MR. STANLEY agreed to a Conference in three weeks' time.

PROFESSOR GLAISTER thought three weeks would be well spent in deliberation. It was agreed that each of the Societies affiliated to the Central Committee should send one delegate to the next Conference, and the meeting then separated after a vote of thanks to the Chair.

DATE OF NEXT CONFERENCE.

We learn as we go to press that the date fixed for the Conference is March 24th, at 3 p.m., at 83, Pall Mall, S.W.

The Memorandum and Articles of the proposed Nursing College are now in print, and are published by Eyre & Spottiswoode, Ltd., East Harding Street, London, E.C.

LEGAL OR VOLUNTARY REGISTRATION.

A large meeting of nurses was held at the Offices of the National Union of Trained Nurses on Thursday, March 9th, to discuss the Bill for State Registration and the proposed College of Nursing. The meeting was arranged jointly by the London Branch and the Scattered Members' Branch of the N.U.T.N. Amongst those present were Miss Amy Hughes (Queen Victoria Jubilee Institute for Nurses), Miss Dowbiggin (Matron of Edmonton Infirmary), Miss Hulme (Hon. Sec. of the Matrons' Council), Miss Elma Smith (Matron of Westminster Infirmary), Miss Paget (Midwives Institute), Miss Muriel, late Matron of Myddelton Square Maternity Nursing Association, and others well known in the nursing world.

Miss Cancellor (Chairman of the Executive Committee, N.U.T.N.) took the chair. In introducing the speakers, Miss Beatrice Kent on State Registration, and Miss Atkey on the Nursing College, Miss Cancellor remarked that we must all try to keep an open mind on these important questions, not looking at them entirely from our own point of view, but from the point of view of humanity, and for the real betterment and organisation of the nursing profession.

Miss Beatrice Kent said that November 21st, 1887, was an important date in the history of nursing; for that was the birthday of a great reform. On that day a small band of zealous women met to discuss the organisation of the profession, and the little seed of the scheme of State Registration then sown has grown up and borne much fruit and spread all over the world.

Miss Kent went on to give a little history of the movement since that date, and she said that State Registration would give us the necessary power to govern and control our own profession, and not until then shall we be able to abolish many abuses that now exist. The Bill is designed (1) to protect the public from untrained nurses posing as trained nurses, by standardising training, both general and special.

(2) To protect the trained nurse because many abuses are at present put down to her for which she is not responsible, and to safeguard the trained nurse against unfair competition.

(3) To protect the patient.

Miss Kent reminded her hearers that the Bill did not aim at preventing untrained women from nursing for payment; it would not seek to prevent them nursing as before; all it will require of them will be that they do not mislead the public by assuming to be trained nurses. Miss Kent concluded her speech by pointing out that the Bill was not merely the Bill of a few people, but it was supported by various Societies, medical and nursing, and Leagues comprising altogether from 40 to 50 thousand persons.

Miss Atkey then explained the proposed scheme for the College of Nursing. She remarked that she was a State Registrationist and believed that the College of Nursing would bring about this

very necessary reform. It was proposed to make different classes of classification. The general trained nurses would be in one class, the V.A.D.'s in another class, and any V.A.D. nurses posing as general trained nurses, would be struck off the roll*. The scheme of the College was to promote the education and training of persons wishing to become nurses. Miss Atkey thought that this would be a help and a safeguard to the Matrons in endeavouring to secure additional educational advantages for their probationers, as it is often difficult in the smaller provincial hospitals to adjust the education of the nurses with the needs of the patients and the requirements of the doctors.

The scheme will be educational and not interfere with the existing societies. Miss Atkey thought that the N.U.T.N. would occupy the same position towards the College of Nursing that the British Medical Association did towards the General Medical Council.

Miss Fletcher said that the movement must be a unanimous one and begged both parties to sink their differences.

Miss Hughes said that she was a staunch supporter of State Registration and has sympathy with those who have done all the spade work for so many years. The College of Nursing might act as a sort of Board towards getting the hoped for reforms, and she appealed to all present to carefully consider its merits.

Miss Hulme said that brains, enthusiasm and money have been freely given by nurses in order to get that legal recognition which only the State can bestow.

In criticising some of the details of the scheme, she mentioned this clause:—

"Exempting some of the training schools from sending their pupils up for the Central Examination" was a very dangerous one. If there was a Central Examination at all, she considered that every one should sit for it equally.

Miss Dowbiggin thought, too, that any exemptions of the kind were very dangerous, and showed her surprise that the Matrons of Poor Law Infirmarys had not been consulted about the scheme.

Miss Cancellor asked what steps the College of Nursing had taken to consult the Medical Societies, and the medical profession in general about the scheme.

She also warned nurses against signing any petitions in favour of the scheme until they knew exactly what the scheme was.

The discussion having ended, Miss Young proposed a vote of thanks to both the speakers for their able addresses, and then the attractions of afternoon tea claimed the attention of the meeting.

AT THE ROYAL INFIRMARY, MANCHESTER.

A meeting was held by the National Union of Trained Nurses at the Manchester Royal Infirmary on Saturday, March 11th. The meeting was not

confined to members, and some 150 nurses attended. Miss Haughton, Matron, Guy's Hospital, London, read a paper on the proposed College of Nursing. In the course of the subsequent discussion she stated that the interests of the proposed College of Nursing and those of the Society for State Registration were practically identical, but that the methods of endeavouring to obtain these interests differed in that the Society for State Registration desired legal recognition before compiling a register of trained nurses, whereas the pioneers of the College of Nursing, realising that the present time was inopportune for Parliamentary legislation, urged the compilation of a register before the introduction of a Bill. Miss Haughton further stated that she felt optimistic with regard to the movement, which not only had the support of those metropolitan schools which had formerly remained passive, but also of the large training schools having political power behind them, and which had previously been antagonistic to Registration.

Miss Sparshott, Matron Manchester Royal Infirmary and Organising Matron 2nd W.G. Hospital, who took the chair, remarked that nurses were apt to forget the corporate life of the nursing community. She questioned the weight of the opinion of the Central Committee for the State Registration of Nurses, for, she said, a rough analysis of the figures of members quoted would show that of the 40,000 the majority of these belonged to the medical profession. While paying a high tribute to these members she could not refrain from saying that she considered the prevailing state of chaos amongst the nursing profession, for which she realised the extreme urgency for immediate concerted action, was largely, if not wholly, due to the fact that medical men employed untrained and partially trained persons.

A general feeling of satisfaction amongst the nurses at the meeting was felt and shown as Miss Sparshott, an avowed anti-registrationist, expressed her willingness to co-operate in any movement which had for its object the welfare of nurses and the maintenance of a high standard in the profession.

LOUISE ARONOVICH.

As the Memorandum and Articles of Association of the proposed College of Nursing have not yet reached us, it is difficult to discuss the principles of the scheme. We may say, however, that the aims of the Society for the State Registration of Trained Nurses and those of the College, as put forward by Miss Haughton, are by no means identical. The former Society claims to organise the nursing profession on a legal basis through an Act of Parliament, to secure a defined term and standard of training, and a central examination for all nurses before they can claim the protected legal title of "Registered Nurse." It demands one portal to the practice of nursing on a legal status. It provides for an elected governing body of

*Then what control would they be under?—Ed.

nurses and medical practitioners who alone have the expert knowledge to define efficient standards of nursing education and to maintain discipline. It does not propose to organise and attempt to control untrained and semi-trained nurses, who could then compete with the duly qualified nurse. The College Scheme, as at present defined, will attempt to organise the nursing profession on a voluntary basis—a system which has failed in the past. It proposes to exempt the pupils of certain training schools from the test of a central independent examination, and to register women like the V.A.D. members in grades. The Governing Body is to be nominated by lay persons, and such persons are eligible to form it in part and draft the Bye Laws, persons presumably hospital governors who are not qualified to define nursing educational standards, and who have no right to control skilled workers not in their employ.

Miss Spashott, who honestly owns her anti-registration convictions, questions the weight of opinion on the Central Registration Committee because it represents a larger medical than nursing vote. The value of opinion is not a matter of numbers but of the right of persons to express them, thus the fact that the organised societies of nurses in England, Scotland and Ireland are formed of nurses holding a three years' certificate of training gives their opinion great weight. The delegates of the Society for State Registration on the Central Committee have agreed to confer with Mr. Stanley and his advisers, taking the Nurses' Registration Bill as the basis of discussion. If the principle of legal registration is conceded and an agreed Bill accepted, they are of opinion that the time for the introduction of the Bill into the House of Commons is opportune. All must act according to the dictates of reason at this crisis, if they wish for a quiet conscience in the future.

If the College Scheme is incorporated by the Board of Trade, and its promoters are genuinely in favour of self-government through State Registration of Nurses, a strong Society working outside for a Bill providing for this issue, can but help on this long needed reform.

SCOTTISH NURSES CLAIM LEGAL REGISTRATION.

The Scottish Society of Trained Nurses have embodied their views in a printed letter addressed to the Honble. Arthur Stanley, in which they state that "Owing to its voluntary and mixed nature, the scheme does not meet with the approval of the mass of trained nurses who are desirous of obtaining State Registration." Amongst the reasons advanced are (a) A system of Voluntary Nursing Education and training has been given a fair trial, which has extended over many years and has been found ineffective; and (c) the promiscuous nature of the scheme renders it antagonistic to the order which would arise out of State Registration, and therefore the promoters

must be regarded as averse to the passing of an Act for the State Registration of Nurses.

MACMILLAN & CO., LTD., AND ANOTHER v. THE NURSING PRESS, LTD., AND OTHERS.

The action brought by Messrs. Macmillan & Co. and another against the Nursing Press and others was heard in the Court of King's Bench last Tuesday. The jury found a verdict for the plaintiffs with £500 damages. A report of the proceedings appears in the *Times* newspaper of Wednesday, March 15th.

APPOINTMENTS.

MATRON.

Meadowslea Tuberculosis Hospital, Penyffordd, near Chester.—Miss Emily Lawday has been appointed Matron. She was trained at University College Hospital, London, and at Moorfields Ophthalmic Hospital, and was afterwards Sister at St. Mary's Hospital, Paddington, and Sister and Acting Matron at the Meadowslea Tuberculosis Hospital.

ASSISTANT MATRON.

Royal Hospital for Incurables, Putney Heath.—Miss Margaret A. G. Mitchell has been appointed Assistant Matron. She was trained at the Dumfries and Galloway Royal Infirmary, and afterwards held the positions of Charge Nurse at the District Hospital, Kelso, and Sister at the Central London Sick Asylum, Hendon; the Longmore Hospital, Edinburgh; the Hertford British Hospital, Paris; the Royal Hospital for Incurables, Putney Heath, and the Edinburgh War Hospital, Bangour.

SISTER.

Tindale Crescent Infectious Disease Hospital, Tindale Crescent, Bishop Auckland.—Miss E. Clemonson has been appointed Sister. She was trained at the Edinburgh Fever Hospital and the Lincoln County Hospital; and has been Sister at St. Winifrede's Nursing Home, Malvern.

NIGHT SISTER.

St. Bartholomew's Hospital, Rochester.—Miss L. Forster Feather has been appointed Night Sister. She was trained at St. Thomas' Hospital, London.

OUT-PATIENT SISTER.

St. Bartholomew's Hospital, Rochester.—Miss Ethel Carter has been appointed Out-patient Sister. She was trained at the Evelina Hospital, London, and St. Thomas' Hospital, London.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Mary Stuart Harrison is appointed to Manchester (Salford), as Superintendent.

Miss Harrison received General training at the General Hospital, Tunbridge Wells; Midwifery training under the Royal Derby Nursing Association, and District training at the Brighton Home. She has since held several appointments under the

Institute including that of Senior Assistant Superintendent at the Brighton Home.

Miss Jane E. Pinnock is appointed to Grimsby; Miss Mabel Lambert, to Wetherby; Miss Phoebe Maud Inchley, to Birmingham (S.H.R.); Miss Emma Pasfield, to Middleton.

NATIONAL UNION OF TRAINED NURSES.

The following appointments have been made through the N.U.T.N.: Cirencester, Miss H. M. Anderson, Theatre Sister; Châlons, Friends' War Victims Relief Committee, Miss E. Harris; Hassocks V.A.D. Hospital, Miss McGregor, Sister; Great Yarmouth Nursing Home, Mrs. Nicholson; Private Case, Miss McMinn.

PRESENTATION.

A gold bracelet watch and purse of gold were presented to Nurse Emerson at Westerhope on the occasion of her leaving the district to take up the position of Lady Health Visitor at Bedlington. Many appreciative things were said of the good work of Nurse Emerson.

THE JOINT V.A.D. COMMITTEE.

It is officially announced that the Army Council has approved of the control of all V.A.D. being vested, for the duration of the War, in a Committee, consisting of representatives of the Territorial Force Associations, the British Red Cross Society, and the Order of St. John. This Joint V.A.D. Committee has appointed a Women's Joint V.A.D. Committee, at Devonshire House, to deal with the Nursing and General Service side of the work, and this Committee consists of: Mrs. Charles W. Furse (Chairman), the Countess of Airliie, the Lady Ampthill, Lady Bell, Miss Clapham, Miss Edith Crowdy, Miss Rachel Crowdy, Miss Engleheart, the Lady Constance Gaskell, Lady Oliver, Lady Perrott, Miss Swift, Mrs. Tennant, the Marchioness of Tulibardine, the Marchioness of Winchester, and Mrs. Massey (Secretary).

TRUE TALES WITH A MORAL.

OVERHEARD IN THE TRAIN.

Passenger No. 1.—"Do you mean to say she has gone out to nurse the wounded without having had any training?"

Passenger No. 2.—"Yes, she never had a day's training?"

Passenger No. 1.—"Well, now, I do call that plucky!"

THE PASSING BELL.

We regret to report that Miss C. M. Wilson, Queen Alexandra's Imperial Military Nursing Service Reserve, has died with the Expeditionary Force in France.

NURSING ECHOES.

The report of Lady Minto's Indian Nursing Association for 1915 is, as usual, a very interesting document, though it is not surprising that the Association has felt the far reaching effects of the war, both in decreased subscriptions, and, as Mrs. Davies, the Chief Lady Superintendent, reports, because "patriotic feelings have given rise to a certain amount of restlessness among the Nursing Staff. It has not been always an easy matter to restrain this restlessness, and it has been difficult to convince the minds of some that those who continue to perform their ordinary, if inconspicuous, and sometimes monotonous duties, are serving the Empire just as truly and usefully as those who are nursing among the horrors of war."

"In two or three of the Centres, work," Mrs. Davies says, "has been very slack, whilst in others there was exceptional activity. The slackness was specially marked both in the United Provinces and Baluchistan. In order, therefore, to provide the Sisters with employment and to render at the same time a much-needed assistance to Queen Alexandra's Military Nursing Service, in view of the present shortage, four Minto Sisters were temporarily lent. . . . This loan was made in May, and the Nursing Sisters returned to their respective centres in August and November."

The handsome bungalow illustrated on the next page was built for the Nursing Staff of the Rajputana Branch by the Bombay, Baroda, and Central India Railway. It has a generous veranda back and front, and is fitted with mosquito-proof windows and doors.

We have to thank the Editor of the League Journal of the C.L.S.A. (Hendon) Nurses' League, which is always exceedingly well produced, for a copy of the last issue. Pictures of Sister J. Winchester and Sister M. Rodwell form the frontispiece, two heroines trained at Hendon and drowned on duty. Sister Winchester was returning to her post on the Gold Coast, and was drowned on the "Falaba," which was torpedoed. Her body was afterwards recovered from the sea, and buried in the churchyard at St. Agnes, Cornwall. Sister Mary Rodwell, as we have reported, went down with her cot cases in the ill-fated hospital ship "Anglia," and the following kind letter from the King and Queen sent to her relatives is no doubt deeply prized: "The Private Secretary is commanded to convey to Mr. J. Rodwell the true sympathy of the King and Queen with him in the grievous

sorrow which has befallen him by the loss of his daughter in the sinking of the 'Anglia.' At the same time, their Majesties desire to express their admiration of the courage and noble self-sacrifice with which Nurse Rodwell met her death."

This valiant woman had the honour of attending on the King when he crossed from France after his accident.

Amongst interesting extracts from the "Letter Bag," Sister Lewis, who is an Inspector of Midwives at Plymouth, touches on a truly national note at this time. She writes:—"My chief duties are in connection with the Notification of Births Act, and in keeping in touch with the infants for the first year of their lives,

of the town, and said they wanted to tap the resources of the mass of people, who were oblivious to the necessities of the town.

Colonel C. J. Bond, in proposing a vote of thanks to Miss A. Bacon, superintendent of the home, and the nursing staff, said they wished Miss Bacon every success in her impending new sphere of labour. It was a great comfort to know that when patients were discharged from the Royal Infirmary they had the supervision of a trained nurse in their homes, and he urged the importance of an even more close co-operation between the institutions. He also enlarged upon the necessity of understanding the prevention of diseases in the home.

Miss Bacon, dealing with the work of the nurses, gave a peculiar instance of the "reme-



SISTERS' QUARTERS, NEW BUNGLOW, AJMERE.

which is very interesting. I also visit tuberculosis cases, overcrowding, and other duties connected with health. The work is only in its infancy—we shall be having more H.V.'s, I hope, before long, as there is a great need for more workers. I wonder if there are any 'Hendonites' with H.V. certificates interested in our 'Babies,' and the upbringing of a healthy nation, who would like to help? No more patriotic work than this."

At the recent annual meeting of the Leicester District Nursing Association, at which the Mayor presided, the Rev. L. Donaldson (St. Mark's) bore testimony to the "unspeakable value" of the work done in the poorer quarters

dial" qualities of a pancake, which she said they had found poor people applying to children for chest complaints. She added that her feet had been ruined and her temper impaired through trotting over the cobble pavements in the back streets, and she urged the Corporation to carry out a reform in that direction.

The Mayor remarked, amid laughter, that some people preferred the cobbles, or "petrified kidneys," in wet weather, because they were not so slippery.

Dr. Millard, medical officer of health, considered that sickness and poverty combined represented the acme of human misfortune.

Kinematograph records of the life story of

Miss Cavell have now been thrown on the screen. No doubt this historic and dramatic subject will make a strong appeal to the public. We could wish, however, that such a tragedy had been treated with reticence.

The Shoreditch Board of Guardians have agreed to place a memorial to Miss Cavell, formerly Assistant Matron at the Infirmary, in the nurses' dining-room. The design has been submitted by the Matron, and the cost will be met by voluntary contributions.

The fund begun in Manchester to provide a memorial to Miss Edith Cavell is to be used in endowing a nurse who will attend to the needs of the poorest citizens of Manchester and Salford. She will carry on her work under the auspices of the Manchester and Salford Sick Poor and Private Nursing Institution, and will wear a distinctive badge. The appointment will probably be treated as a special honour for meritorious work, to be bestowed for certain periods upon different nurses.

Up to the present about £720 has been given, but, to endow a nurse, at least £2,000 is needed. It is hoped that when the public realise the use to which the fund is to be put they will readily respond.

BOOK OF THE WEEK.

"THE GREEN ORCHARD."*

Martin Wesley Wilderspin, of this story, married Fauvette in Paris less than twenty-four hours after meeting her for the first time. Poor little Fauvette! She knew less about her ancestors, early or immediate, than she did about Martin on the morning that she married him. It was in a vestibule of a Paris newspaper office that Wilderspin first met her. There had been some difference at home and he had rushed to Paris like a woman in a tantrum. Fauvette was interested in literature since the interest kept her body alive, paid her bills, and made her happy. That afternoon the editor had paid a warm tribute to her work and prophesied the day when she would be "the great Fauvette."

It was raining and Martin offered her a share of his umbrella. They hurried along to a café (it was his suggestion) and sipped tea together. Her attention moved him to volubility. He told her everything.

"And what about yourself?" he asked.

The brown eyes drooped: "I am just Fauvette," she told him, "I write."

That did not appear to convey much to his mind.

"What for?" he asked.

Fauvette dropped her spoon and leaned back. "Ma foi! To eat, you—you big lapin."

"You're only a girl," he said, his countenance still grave.

"Ah, you English," she sighed with mock reproach. "You are so funny when you are sad. Is it not well to work, say me?"

"Of course it is, but—but what of your people?"

"La la! I do not remember, they are dead—I think so. I am never lonely, m'sieur. I have thousands of children."

"Children?"

"Oui. All in here"—and she tapped her forehead. "I make my own friends with my pen. You understand—yes? M'sieur has imagination?"

"I'm a barrister," said Wilderspin, as though that confession were sufficient answer. That really was the answer to the difficulties which arose after this strange courtship and marriage. She had imagination—yes? And he—he was a barrister.

These differences might not have proved insuperable, given several things. If Martin had loved her, and if he had not been dominated by his overbearing parents, and if he had not been addicted to secret drinking. Martin had sucked too much of the Wilderspin atmosphere into his lungs to develop the spirit that had led to his marrying Fauvette. He was frightened of what he had done in pique and bravado, almost before he had done it. All the prudery of his narrow-minded mother found a new champion in him. All the pseudo-dignity of his father found an impressionable spot in his nature. He commenced by regarding Fauvette not as a wife, but as a duty.

Poor Fauvette in the midst of an uncongenial atmosphere asked to be allowed to furnish her own room in accordance with her ideas of art. But Martin gazed with horror on the black satin canopy over the bed, the black satin clothes on the bed, and had it dismantled the next day.

But she had a spirit, had little Fauvette, and on the occasion of the visit of his friend Tony, whom he had always held up to her as a paragon, she descended to dinner before their horrified eyes dressed in, it must be confessed, a bizarre and outrageous costume. We must not blame her, she was really a good little girl this Fauvette.

This is quite an interesting and pretty story.

H. H.

COMING EVENTS.

March 17th.—Irish Nurses' Association Annual Meeting, 34, St. Stephen's Green, Dublin.

March 18th.—Society for the State Registration of Trained Nurses. Meeting Executive Committee to consider the Memorandum and Articles of Association of the proposed Voluntary Nursing College Scheme. 431, Oxford Street, London, W. 4.30 p.m.

* By Andrew Soutar. Cassell & Co., London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE VOLUNTARY NURSING COLLEGE SCHEME.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, THE EDITOR OF THE BRITISH JOURNAL OF NURSING of the 4th inst., furnishes truly astonishing reading.

Mr. Stanley has not yet explained why, or if, he was in ignorance of the fact that a Bill for the State Registration of Trained Nurses is now before Parliament. He has not yet thrown any light on the grounds of his assertion that there is no desire on the part of those who are responsible for the training of nurses, or nurses themselves, for any form of State Registration. These statements were contained in a circular letter signed by him.

At the meeting in question, Mr. Stanley is reported to have said that he thought "all present were practically in favour of some form of State Registration." He "was anxious to bring in a Bill." He "did not think there were any points of difference between them." He "did not see why that Bill should not be the Nurses' Registration Bill before Parliament." He "should like those who had fought for the cause to get the credit of it."

Now, what is the reason for all this confusion of ideas and talk? A Bill is before Parliament, in charge of Major Chapple. Previous to Major Chapple, Sir Ronald Munro Ferguson took charge of the Bill; and previous Bills were taken charge of by Lord Amthill and Dr. Farquharson. What sense would there be in Mr. Stanley bringing in "another of the same," seeing he is satisfied with the present Bill? Why does he seek to interfere, instead of letting well alone? If he is sincere in saying he would like those who have fought for Registration all along to get the credit of it, why has he gathered round him some of those who have all along been fighting against it and doing their utmost to hinder and hurt the cause?

The quibble about "recognition" meaning more than Registration will not add lustre to the attitude of those who advance it. Far from meaning more, as we all know, it may mean very little. From *re* (=again), and *cognoscere* (=to know), recognition may mean nothing more than a passing nod. Registration, on the other hand, means a written record of facts. State Registration, therefore, means a written register, kept up to date and under the control of the State.

I am, Yours faithfully,
"Bay View," E. A. STEVENSON.
Johnshaven.

WE MUST STAND FIRM FOR LEGAL REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The scheme proposed by the Hon. Arthur Stanley is naturally attracting a great deal of attention from all Registrationists who stand firm to the principle of *legal status*. I am myself watching every phase of it with interest—not to say anxiety. To all those who can truly estimate the situation, it can only appear supremely unjust and injurious. I gather from what I hear that forms are being sent to Hospitals for the Nurses to sign, in favour of the Scheme; and I have even heard of a Matron who has commanded her Nurses to sign it! And this before they have had any chance of seeing and studying the Memorandum and Articles of Association of the proposed College of Nursing. I would most earnestly counsel Nurses, in their own interest, to pause before committing themselves so seriously. I ask myself, as I rub my eyes, if I am dreaming, or do we really mean what we say when we call ourselves a democratic people!

On the Council of Management, it is not proposed to place a single independent nurse, a matron or nurse, who is not dependent on some form of employer! Moreover, the proposed scheme is approved by some of the most autocratic bodies who have opposed legal registration, and who will nominate the first Council for the College, and practically govern the nursing profession.

Where does real self-government come in? While other countries are keeping the march of time, we are like crabs walking sideways. Why, the insular prejudice of some of us is so amazingly strong that we feel irritated at the very mention of the progress of other countries! But we are not all crabs, and many of us who have in the past proved our earnest belief in organizing our work on a legal basis—that is, by Act of Parliament—will never agree to the dangerous scheme as outlined in Miss Haughton's Paper, which would side-track State Registration for at least a decade. We await impatiently the issue of the Memorandum and Articles of Association of the proposed Nursing College, before taking definite action in defence of registration of trained, as opposed to untrained nurses, for which the new Scheme provides. As THE BRITISH JOURNAL OF NURSING is the official organ of the Society for the State Registration of Trained Nurses, of which I have long been a member, may I request that my letter may appear in its next issue, if possible?

Yours, &c.,
Colosseum Terrace, N.W. BEATRICE KENT.

OUR PRIZE COMPETITIONS.

March 25th.—What care should refrigerators receive? How would you preserve ice?

April 1st.—How would you arrange for the nursing and comfort of a patient with dropsical legs?

The Midwife.

TOXÆMIA OF PREGNANCY.

On March 9th Mr. Gordon Ley delivered a lecture to the pupils and midwives of the City of London Lying-in Hospital, City Road, on Toxæmia of Pregnancy.

He said that only a few years ago Albuminuria of Pregnancy, Eclampsia, and Pernicious Vomiting of Pregnancy were regarded as entirely separate diseases.

The exact nature of the poison had not yet been found out, but it originates in the ovum either in the baby or placenta, and never apart from pregnancy. Toxæmia was more likely to occur in multiple pregnancy, and was far more common in first pregnancies, probably in 96 per cent. of the cases. If occurring in a second pregnancy it was probably with twins.

Most people considered that eclampsia was due to albuminuria, but that was hardly the right way to look at it.

In a large number of cases the poison attacked the kidneys, in the same way that the bacillus of pneumonia might attack some other structure, but almost invariably attacked the lung. Eclampsia was probably due to brain trouble.

He hoped that midwives always examined the urine of their patients. In the last three months this should be done monthly, and in the case of a primipara fortnightly. If this were done there would be fewer deaths from eclampsia. He held that if the urine were to be examined in the three stages of labour, albumen would be found in one of them. The French doctors say that it is always present during labour. This condition was due to the high pressure and straining causing congestion of the kidneys.

He divided the Albuminuria of Pregnancy into five classes. The first three of labour, and the last two of pregnancy. In the first three classes some cases started during labour and some two or three days previously.

Some had merely oedema of the feet and face, and some had the serious additional symptoms of headache, vomiting, misty sight, flashes of light and spots before the eyes. These latter symptoms would lead one to suspect eclampsia. It meant that the poison had flooded into the circulation and that all the organs as well as the kidneys were infected.

The majority of the cases clear up rapidly after delivery if they do not get eclampsia.

Albuminuria of pregnancy generally starts about the twenty-fifth or twenty-sixth week. Treatment may do a good deal for these cases, but if they do not improve, but on the contrary continue to get worse, the labour should be terminated.

If a woman with chronic kidney disease becomes pregnant, as a rule she does not become much worse, though some do.

The lecturer described a case of a woman under his care whose urine he himself examined one hour before a fit, and found it to be normal. She had a fit, one hour and a half afterwards her urine was solid.

The fits were of short duration, and rarely lasted more than half a minute, and rapidly passed from the tonic stage to twitching, and the patient was always deeply cyanosed. The fits might succeed each other rapidly or at long intervals. They were produced by any kind of manipulation. After the first one or two patient usually regained consciousness, but afterwards remained unconscious. The best course for a medical man was to do a Cæsarian section, unless delivery was possible under two hours. The results were generally excellent.

The lecturer gave detailed directions for the nursing in these cases. The prognosis for the infants was bad, as the poison affected them.

Severe vomiting of pregnancy was extremely rare. It generally started in the twelfth to fourteenth week. There was every variation of vomiting, from the common early morning to an almost continuous condition. In severe cases the patient may become emaciated with rapid pulse, dry tongue, and foul breath, and is very ill.

Other rare results of toxæmia were severe jaundice and severe anaemia. It was thought by some that puerperal insanity was also due to this condition.

THE JEWISH MATERNITY HOME.

Her Majesty the Queen, attended by the Lady Isobel Gathorne-Hardy, paid an informal visit last week to the Jewish Maternity Home, Sick Room Helps, and District Nursing Society, 24, Underwood Street, Whitechapel.

Her Majesty appeared greatly interested in the Society, even to the most minute details of the original scheme of the "Sick Room Helps," founded twenty-one years ago, and the new and progressive work of the "Pre-Natal" classes in hygiene, and instruction in making suitable and modern garments for the expected little ones, and the "Baby" consultations which are held twice weekly, to advise mothers as to the health, feeding and clothing of their children, at which two doctors attend.

The Queen paid a visit to the babies nursery, and to the office where the scheme of "Sick Room Helps," the origin of "Home Helps," is supervised and carried on. The District Cupboard, containing dressings, drugs and clothes for charitable purposes used and distributed by the Q.V.J.I. nurses, was next an object of interest.

CENTRAL MIDWIVES BOARD.

FEBRUARY EXAMINATION.

At the examination of the Central Midwives Board on February 15th 1916, 450 candidates were examined and 359 passed the examiners. The percentage of failures was 20.2.

LIST OF SUCCESSFUL CANDIDATES.

LONDON.

British Hospital for Mothers and Babies.—H. Bairsto, M. H. Christoffersen, M. Stanley.

City of London Lying-in Hospital.—M. F. S. Chapman, W. E. Davies, L. Elliott, A. M. L. Everill, C. R. Farndon, H. Gower, J. M. Hillhouse, A. J. Ludlow, K. M. I. Parker, G. Wilderspin, A. M. Wynch.

Clapham Maternity Hospital.—W. H. Burnett, E. M. Hitchcock, M. Nenna, E. J. Petley, I. M. Saxon, N. M. A. Symonds, B. L. Wright.

Last End Mothers' Home.—A. M. Downer, R. M. Flather, M. J. McGovern, R. E. Middleton, N. M. Rowell, A. L. Scott, L. A. Waterhouse.

General Lying-in Hospital.—M. M. E. Ballard, A. Boulton, H. C. Butterworth, E. H. Clappen, M. A. M. Cobham, F. M. Cole, P. Cooper, D. M. Dodd, D. A. Gee, F. M. Gudgein, M. B. Humbert, S. A. M. Jones, R. Jovitt, E. Lovatt, E. E. Mackie, N. McMullen, M. M. Mayer, M. B. M. L. Newcombe, M. C. G. Raddall, E. R. Riley, A. Rock, M. Sheridan, M. A. Shipp, M. Simon, E. A. Thompson.

Guy's Institution.—B. Gallagher, C. A. Gerrard, E. M. A. Ledlie, A. C. Osborne, K. M. Rogerson.

Holborn Union Workhouse.—F. E. Mahoney.

Kensington Union Infirmary.—A. L. Wharton.

London Hospital.—J. P. Coppone, M. V. Field, H. M. Gibbins, G. G. Walker.

Maternity Nursing Association.—L. Bownes, E. M. Earl, G. W. M. Gillard, G. A. Saul.

Middlesex Hospital.—J. Knowles.

New Hospital for Women.—D. F. Stevens, M. A. V. Thurstan.

Plaistow Maternity Charity.—A. M. E. Ashton, G. E. Braye, D. Broom, D. K. M. Brophy, D. M. Brown, L. Crofts, F. Daw, E. G. Denson, G. M. A. Fentiman, S. A. Gait, G. F. M. Gilbert, E. Hammond, L. S. Hazelden, E. J. S. Jones, J. E. Jones, G. E. Lock, M. Palmer, M. E. Parry, N. Percival, B. M. Pugh, A. E. Randall, F. B. Russell, F. Sherrin, E. M. A. Smith, K. A. Smith, I. M. B. Walker, B. B. Whittingsteel, C. Williams, M. Williams.

Queen Charlotte's Hospital.—F. Brown, A. H. Coleman, M. M. Clifford, G. I. Day, R. A. C. Duncan, L. Francis, A. E. James, M. E. Jones, F. A. Leaney, I. E. H. Loscombe, H. E. Mansfield, E. Marriott, A. Morse, H. Parsons, M. A. Peek, J. Roberts, E. M. Selfe, E. J. Sellars, I. R. Smith, B. A. Tinney, A. Wickens.

Salvation Army Mothers' Hospital.—B. C. Bunce, E. Burke, D. P. Dennison, A. Law, M. Malins, L. F. Pitts, E. Sturrock.

St. Bartholomew's Hospital.—A. C. Farrant.

University College Hospital.—I. M. E. Byron.

Wandsworth Union Workhouse.—H. Parker, E. M. Tubbs.

West Ham Workhouse.—L. E. Lucas.

Whitechapel Union Infirmary.—D. Souster.

PROVINCES.

Aston Union Workhouse.—A. M. Round.

Birkenhead Maternity Hospital.—E. J. Harper,

A. Jones, M. E. Paul.

Birmingham Maternity Hospital.—E. M. Clarke, N. Espley, A. M. P. Ford, A. E. Gibbs, H. S. Gough, H. E. Griffin, F. L. Masters, M. Mewis,

R. Nunn, F. Richards, A. K. Sutton, E. K. Thorpe.

Birmingham Workhouse Infirmary.—N. Osborn.

Bradford Union Hospital.—D. M. Rooke.

Brighton Hospital for Women.—J. Biddle,

M. Saunders, E. P. Walton.

Bristol General Hospital.—C. P. Foster, M. A.

Gay, A. Kenwell, S. J. Wood.

Bristol Royal Infirmary.—M. S. Ball, E. A.

Fricke, F. E. Maitland, A. M. Vernon, D. P. Widdas.

Cheltenham District Nurses' Association.—S.

Amer, K. A. Dicks, C. A. Stuttard, L. Taylor,

A. L. Thompson.

Chester Benevolent Institution.—N. S. Dutton,

L. Fitzjohn, A. M. Roberts, A. B. Willis.

Croydon Union Infirmary.—L. I. Gibbs.

Devon and Cornwall Training School.—L. R.

Cock, M. A. L. Gunnow, S. A. Roberts.

Essex County Cottage Nursing Society.—E.

Bolton, A. Geater, C. Somers.

Gloucester District Nursing Society.—F. K.

Herbert, M. Lambert, A. E. Wimblett.

Huddersfield District Nursing Association and

Huddersfield Union Workhouse.—M. M. Nicholas.

Hull Lying-in Charity.—M. C. Murray, M.

Priestman, M. Roginson.

Hull Workhouse and Hull Lying-in Charity.—

B. M. Wilshire.

Jessop Hospital, Sheffield.—L. Reaney, E. A.

Wilman.

Leeds Maternity Hospital.—E. Birtwell, E. H.

Blagbrough, E. Jones, M. Longden, I. McCarthy,

M. A. Milnes, M. Morriss, I. Robinson, E. Smith,

S. W. Stephen.

Leeds Union Infirmary.—M. Savage.

Leicester Maternity Hospital.—C. Else, M.

Grant, H. M. Peake, G. Richards, E. Stanion,

C. R. T. Winkley.

Leicester Union Infirmary.—J. E. McArthur.

Liverpool Maternity Hospital.—M. A. Barden,

M. E. Bebington, E. R. Brown, N. G. Burton,

B. L. E. Draper, F. A. Duff, C. Heiman, A. Hollis,

F. Lamb, J. Lee, M. E. Lewis, C. A. Parr, E. Peters,

M. B. Redfern, H. E. Thomas, S. Woolsey.

Manchester, St. Mary's Hospitals.—M. Charnock,

S. Cook, C. M. E. Dook, A. Edmondson, J.

Edmondson, B. Haworth, J. G. Holmes, E.

Lindley, E. F. Stephenson.

Manchester Workhouse Infirmary.—J. Grounds,

E. M. Norris.

Newcastle-on-Tyne Maternity Hospital.—M. J.

Bingham, A. Fairweather, F. W. Thompson,

E. D. Todd.

North British Union Infirmary.—M. Lucas, L. H. Stewart.
Nottingham Workhouse Infirmary.—M. Deverall, J. M. Newland, S. Space.
Preston Union Workhouse.—A. J. Kielty.
Royal Derby and Derbyshire Nursing Association.—E. M. Bradley, W. E. Cross, L. M. Dobson, E. Webster.
Selly Oak Union Infirmary.—M. M. Minstrell, M. E. Stephens.
Staffordshire Training Home for Nurses.—C. Capper, A. Farr, L. Jones.
Wakefield Union Infirmary.—J. Beighton.
West Derby Union Infirmary, Wallon.—A. Dolan, M. P. Elder.
West Riding Nurses' Home.—F. Morton, M. Payne, J. Reed.
Wilts County Nursing Association.—A. Atkins.
Withington Hospitals.—E. A. Warburton.
Wolverhampton District Nurses' Home.—E. J. Stanford.
York Union Hospital.—E. Shilleto, M. E. Simmons.
York Maternity Hospital.—S. J. Dennis, E. O. G. Poles, S. E. Williams.

WALES.

Cardiff Union Hospital.—G. Williams.
Llanelli District Nursing Association.—A. Boothman, M. Morgan.
Q.V.J.N.I., Cardiff.—A. C. Bowkett, E. E. I. Jones, R. H. R. Jones.
Monmouthshire Training Centre.—D. G. Lloyd, E. M. Price, C. Watkins, S. J. Williams.

SCOTLAND.

Dundee Maternity Hospital.—L. Harter, H. Hornby, M. Williams.
Edinburgh Royal Maternity Hospital.—M. Andrews, I. Bruce, M. Carnegie, J. M. W. Donaldson, J. MacIvor, A. A. Sommerville, I. B. Whitehead.
Edinburgh Q.V.J.N.I.—C. E. Goodman.
Glasgow, Govan Nurses' Home.—J. Biggins, M. A. Campbell, C. A. Macdonald, I. McDougall, M. McDougall, M. Mackenzie, J. McLennan, M. A. Sinclair, M. T. Smith, M. Wilson.
Glasgow Royal Maternity Hospital.—A. B. Donald, M. M. Medlock, A. Y. Williamson.

IRELAND.

Belfast Union Maternity Hospital.—M. Hall, E. Jelly, M. MacNeill, M. C. O'Hagan, J. G. Scott.
Coombe Hospital.—N. K. Northridge.
Dublin Rotunda Hospital.—E. J. Eaton, A. I. Faragher, L. Knott.
Belfast Incorporated Maternity Hospital.—E. W. Wylie.

PRIVATE TUITION.

J. Allan, M. C. Arthur, E. Bailey, E. M. Barker, L. H. Bushell, A. E. Cartledge, C. E. Cooke, J. N. Gulland, A. Hallwood, E. C. Howell, M. M. Jenkins, R. Jones, E. Llewellyn, C. McCaffery, M. Mountford, A. S. Pilkington, E. E. Reade, M. Rees, M. Rowlands, J. H. Smith, F. Stansbury.

PRIVATE TUITION AND INSTITUTIONS.

Birkenhead Maternity Hospital.—L. V. Eaton, A. E. Griffiths.
Birmingham Maternity Hospital.—R. M. Brown.
East End Mothers' Home.—M. Furness.
Greenwich Union Infirmary.—A. M. Capewell.
Herts County Nursing Association.—S. Gleadhill.
Kensington Union Infirmary.—H. E. Crouch, A. F. Dobbé, R. Dutton, E. McDermott.
Kingswood Nurses' Home.—F. M. Kennedy.
Liverpool Maternity Hospital.—E. M. Owen, E. L. Ratcliff.
Manchester, St Mary's Hospitals.—M. Hall, S. Hardwick, M. J. McGough, N. Moores, E. Riley, E. Wolstenholme.
Manchester, St. Mary's Hospitals and Stockport Union Hospital.—E. E. Rodway.
Monmouthshire Training Centre and Newport Mon. Union Infirmary.—M. Jones.
New Hospital for Women.—E. M. G. Rose, E. N. Shaw.
Northampton Q.V.J.N.I., and Chester Benevolent Institution.—E. Woodall.
Rochdale Union Infirmary.—E. Hall.
Stoke-on-Trent Union Hospital.—J. M. Stephens.

LEICESTER MIDWIVES' ASSOCIATION.

The Annual Meeting of the Leicester and Leicestershire Midwives' Association was held March 8th, at 5, St. Martin's East, Leicester. The Chair was taken by Mr. Cecil Marriott, F.R.C.S., who, in an able speech, spoke of the progress made in the work of midwives, and gave amusing anecdotes of his student days.

Mrs. Wallace Bruce, who gave the address, told of what is being done in Paris on behalf of the babies. She concluded in same words as the proclamation issued by leading women in France does by "Save the Babies!"

Letters of regret for absence were received from the Mayoress, Dr. Millard, and others. Mrs. Russell Frears, ex-Mayoress, spoke most sympathetically, also Lady Beaumont and Dr. Robinson.

The meeting terminated with the National Anthem, followed by tea, of which a large party of visitors and members partook.

RESOLUTION *re* MIDWIVES ACT, 1902.

The term "Midwife" means a woman certified under the Midwives' Act, 1902, and that Act provides (sec. 1) that after April 1st, 1905, no woman not certified shall call herself a midwife, or any other name implying that she is qualified to practise midwifery; further, she must not, after April 1st, 1910, unless certified, attend women in childbirth, habitually and for gain, otherwise than under the direction of a qualified medical practitioner.

"In the opinion of this Association it is a matter of urgent importance that the Act should be amended by omitting the words 'habitually and for gain.'"

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EDITORIAL.

THE SAVING OF CIVILIZATION.

To-day we have in our midst the representative of the most democratic government in the world, Mr. W. M. Hughes, Prime Minister of the Commonwealth of Australia, whose stirring eloquence finds a response in thousands of hearts in this country, which beat in unison with the manly and straightforward policy brought by him from overseas, charged with the vitalizing ozone which dominates and invigorates those whose lives are spent in open spaces, and to whom sincerity and simplicity of aim are of greater importance than all the sophistries spun by politicians to veil a policy of expediency.

The burning words of Australia's Prime Minister have been kindled by the torch set aflame by the gallant deeds of his countrymen. The body of Anzac may crumble to dust in Gallipoli. Its indomitable spirit still remains to inspire others with a like patriotism.

Speaking to wounded Australian soldiers in this country Mr. Hughes said :—

"When we saw your wounded comrades return to our cities, when we saw some of them bent and twisted and scarred, and yet saw that indomitable spirit of cheerfulness shining through it all we realized what manner of men Australia had produced. You have done well, you have done a great thing for Australia, and you have done a great thing for civilization. . . . There is not a man who would care to live unless he could live as a free man. . . . The people of all parties in Australia would feel life an intolerable burden if Prussian influence became predominant.

"If I thought this war was a war merely for aggrandizement, for more wealth, for greater areas of land, for material things we desired to grasp in our predatory clutch, I would never raise my voice for the

dispatch of one man from Australia. . . . It is because civilization itself has to be saved from destruction; because the great principles of right were being assailed by the spirit of military despotism that has crystallized itself in the German Empire, as we know it to-day, because of this intolerable danger that Australia is at war. I believe the world came to a point, and is still at a point, where the parting of the ways is clear and distinct, where every free man has to decide whether he will turn to the right or to the left—to the left where ignoble peace would lead to a future of intolerable slavery, or to the right where, coming through a veritable hell, he might win a firm and lasting foundation upon which civilization can rear a noble and lasting edifice.

When the guest of the British Imperial Council of Commerce, Mr. Hughes voiced his convictions with equal force, and was not afraid to urge upon that assembly of business men the importance of noble ideals as well as business acumen—

"We must" he said "cut out the cancer of German influence in our trade and industry. It is a policy of destruction. It is imperative, it is urgent, but it is only preliminary. We must not only destroy but we must build up. . . . I am advocating . . . a fundamental change in our ideas of government as applied to economic and national matters. The whole concept of modern statesmanship needs revision. . . . The British Empire as an organized Empire, organized for trade, for industry, for economic justice, for national defence, for the preservation of the world's peace, for the protection of the weak against the strong. That is a noble ideal. It ought to be, it must be ours."

The voice is that of a leader of men, it will carry far, and let us hope that men in this material age, will be inspired by, and follow its teaching, and purify their souls.

NITROUS OXIDE ANALGESIA IN OBSTETRICS.

Dr. E. I. McKesson, of Toledo, Ohio, has an interesting article in the *Modern Hospital* on Nitrous Oxide Analgesia in Obstetrics. He says, in part:—

Nitrous oxide analgesia is so unlike twilight sleep or anything suggesting sleep that had the word not been popularized with the public it would be better not to use even the term, "*American twilight sleep*," to distinguish it from *Daemerschlaf*.

There is no sleep or even sleepiness and no loss of memory in nitrous oxide analgesia. The mother knows and understands everything, which is essential in obtaining her co-operation. The dressings are undisturbed, no one is needed to restrain her, nor are quiet rooms needed, or a corps of trained assistants to carry out the simple technic.

When the second stage is begun, or before, if the pains are causing the patient much discomfort, the method is explained to her in somewhat the following manner, emphasizing that her assistance and labour will be essential, and that she shall always watch closely for the first sign of each contraction, as the cue for beginning inhalations:—

Nitrous oxide is an odorless gas, which is capable of relieving pain when inhaled. Less than six inhalations does not produce sleep nor in the least impair memory, but will relieve the suffering of childbirth. More than six inhalations usually results in unconsciousness or anesthesia, such as is used in surgical operations, and is not desired, as a rule, in normal cases.

The dose required to relieve suffering depends upon the character of the pain and is regulated by the number of inhalations of nitrous oxide directed to be taken. There is this difference between nitrous oxide and other drugs or methods for the relief of pain, that nitrous oxide will produce analgesia in less than 10 seconds, while other drugs require many minutes to hours to afford the desired relief. Again, after stopping the inhalations of nitrous oxide and breathing air, it is eliminated through the lungs within a minute, while other drugs require hours. Herein lies the secret of success of nitrous oxide in its application to obstetrics. It is the only agent known which may be administered at the beginning of each uterine contraction, absorbed with sufficient speed to relieve the suffering and again eliminated from the body before the next contraction is due.

It is evident that, to obtain relief, it is necessary that the inhalations must be begun promptly when the first symptom of the oncoming pain has been experienced. Also, the inhalations must be taken deeply into the lungs and quickly expelled until the required number (normally three) have

been inhaled. The last breath of nitrous oxide inhaled should be held as long as possible while bearing down powerfully, so as to get the full benefit of the gas; and, at the same time, while being relieved, to assist the uterus in expelling the child, making it slide a little every time.

As soon as air is again inhaled, the analgesia begins to rapidly fade away, and by the time the contraction is over the analgesia is practically gone.

Analgesia does *not* relieve the woman of labour, and is not intended to. It does relieve pain, which makes it possible to work the harder through expulsive efforts at making the child slide through the birth canal. In fact, unless the mother labours and co-operates the progress of labour will be no faster than without analgesia; but, with this assistance, birth will take place in about half the usual time and without the usual suffering.

The apparatus required for analgesia may be very simple, indeed, it may be so small and automatic that it may be conveniently carried to the home with enough gas in two small tanks all ready for use to last several hours. In normal cases a trained anesthetist is not required, since all that is needed is some one to apply the mask tightly over the nose and mouth while the patient inhales the number of breaths directed by the obstetrician, and then remove it. A large nitrous oxide-oxygen apparatus as ordinarily used for anesthesia may also be employed, although these often are not automatic and require experience in managing them.

There are different kinds of pains; some are slow in reaching their "peak," others are fast; some are weak and others are strong, but in the same patient, while the pains are somewhat variable from time to time, they usually retain about the same speed of onset. We are interested in the speed of onset and the duration of pains because we have to regulate our analgesia accordingly.

A fast pain requires fast analgesia. By diluting nitrous oxide with air its action is slowed, and the greater the dilution the slower the action. It is also weakened when more than 35 per cent. of air is mixed with it. So that a fast pain demands a purer or richer mixture of nitrous oxide (less air) to win the race with the pain than a slow one.

On the other hand, a fast analgesia used in a slow pain would be like the race of the hare and tortoise—the analgesia would fade away at about the climax of the pain.

Fortunately 10 per cent. of air fits most cases, and the others are easily controlled by changing the mixture one way or the other as the case may require.

When the head is to pass through the outlet it is usually best to administer about 10 inhalations, inducing anesthesia or unconsciousness, especially if there is danger of laceration, since analgesia will not relieve the pain of a perineal tear.

In delivering the placenta analgesia may again be used, while stitches should be placed during

deep analgesia or light anesthesia, induced the same as just described.

Normal babies breathe and cry promptly after analgesia, showing no cyanosis or effects of the gas whatsoever.

It is *never* necessary to produce cyanosis in the mother, and even in Cæsarean section, eclampsia, or difficult forceps cases, where *nitrous oxide* and oxygen is always the indicated anæsthetic, the baby, if uninjured, breathes promptly without the usual spanking, &c.

The cost of analgesia for obstetric cases is trifling—about 35 cents an hour, depending upon the frequency of the pains and the number of breaths taken at each pain; while the second stage, in a properly managed case, is shortened by analgesia.

The above is a description of the intermittent method, which is obviously so far superior to the continuous maintenance of analgesia between contractions when there is no pain to relieve, that no consideration will be given to the latter.

The inhaler covering both nose and mouth is always preferable to the nasal inhaler, since often the patient must breathe through the mouth to get the gas in large volumes quickly, which cannot be accomplished with even slight nasal obstructions which are commonly encountered.

OUR PRIZE COMPETITION.

We regret that none of the papers received this week are of sufficient merit to permit us to award a prize. The subjects, "What care should refrigerators receive? How would you preserve ice?" are subjects with which all nurses should be thoroughly familiar.

Will our readers note that the envelope containing their papers must invariably be endorsed "Prize Competition"? Some competitors omit this, and it is one of the essential conditions of the competition.

A NEW NURSES' LEAGUE.

At a meeting held this week at the Township Infirmary, Beckett Street, Leeds, it was decided to form a Leeds Township Infirmary Nurses' League. The meeting was attended by most of the nurses on the staff.

Nurses to be eligible must hold the three years' certificate of the Township Infirmary. All those who have trained there are invited to communicate with the Matron and ask for information regarding membership.

We have no doubt that many nurses holding the certificate of the school will avail themselves of this invitation.

NURSING AND THE WAR.

The following nurses attended the Investiture at Buckingham Palace on Saturday, March 18th, when they had the honour of receiving the Royal Red Cross from the King:—First Class—Miss Vivien Tremaine (Acting Matron, Daughters of the Empire Canadian Hostel for Officers) and Miss Alice Wainwright (Sister, Queen Alexandra's Imperial Military Nursing Service, Reserve). Miss Tremaine is one of the Sisters chosen to nurse the King after his accident in France.

It is notified in the *London Gazette* that the King has been pleased to confer the decoration of the Royal Red Cross on the following, in recognition of their valuable services and devotion to duty on the occasion of the loss of the hospital ship *Angla* on November 17th.

Royal Red Cross, First Class.—Queen Alexandra's Imperial Military Nursing Service (Retired List): Mrs. M. S. Mitchell (Acting Matron).

Royal Red Cross, Second Class.—Queen Alexandra's Imperial Military Nursing Service Reserve: Miss A. Meldrum (Sister), and Miss E. A. Walton (Staff Nurse).

A Territorial Nurse writes:—"Now that the Royal Red Cross is being showered about, amongst recent awards I note "First Class" for the untrained and titled and "Second Class" for the "paid nurse." I used to hanker after this honour, now somehow it seems cheapened. Sour grapes, perhaps you will say. I am anxiously following all that is written about Registration and the Nursing College. I do hope our delegates will keep in mind that there are degrees of registration, and some forms would be useless to us working women."

The Nurse Edith Cavell Memorial Fund, organized by the *Daily Mirror*, has reached the required sum of £10,000, which is to be devoted to the establishment of an Edith Cavell Home for Nurses attached to the London Hospital, where she was trained. The Lord Mayor handed over a cheque for the amount to the governors of the hospital at the Mansion House on Tuesday in last week.

Queen Alexandra, who is president of the hospital, has sent the following telegram:—"I must congratulate you from my heart for the prompt realisation of your wonderful efforts in succeeding in so short a time in raising £10,000 for the new nurses' home, the Edith Cavell Home, of which I am proud to be the president. It will be a lasting memory to that more than brave and noble woman who laid down her life for her country.—ALEXANDRA."

Both the medical and nursing worlds are delighted to welcome home again Mr. James Berry and Mrs. Dickinson Berry, who, with members of their unit, have recently returned from Serbia, after a year's hard and interesting

work, at one time having six hospitals for the Serbian sick and wounded under their control. The unit was an independent one, to which Mr. Garrett, Secretary of the Royal Free Hospital, acted as Hon. Secretary; and a small committee kept it provided with supplies and equipment.

Mrs. Dickinson Berry informs us that they treated many medical cases, and also paid much attention to sanitation and preventive care. The Austrians, when they elected to stay in Serbia, and so became prisoners of War, treated them very fairly and showed no animosity—though they believe that, but for the opposition of Great Britain, peace would be signed.

Our illustration shows Mrs. Dickinson Berry, with Sisters Amet and Brock, wearing the Serbian Military Cross awarded them for their services.

Australian Nurses are justly indignant, not only for their own honour, but that the welfare of their sick and wounded men should have been imperilled by the action of the Defence Department in allowing probationer nurses to be appointed to the hospital ship, *Kanowna*. "It is well known," says *Una*, "that there are a great number of fully-trained nurses waiting for appointments who applied at the beginning of the War, and it is naturally very annoying to them to hear that untrained women have been appointed; and, not only that, but are wearing similar uniform to the nurses of the Australian Army Nursing Service, receiving a salary nearly equal to that of staff nurses, and the same allowance for equipment."

The *Australasian Nurse* Journal says that "about fourteen of these girls were taken—three from Queensland, four from New South Wales, and the remainder from the other States. One of these girls boasted that she had never had an apron on before, and another that she had never taken a temperature. In several cases, they were near relatives of the medical officers on board, which would, surely, in any case, conduce to neither discipline nor harmony."

The nurses, through their professional associations, have protested strongly to the Prime Minister, and received a courteous reply. They "hope that Australia will never again see untrained girls masquerading in the garb of Army nurses."

THE PRICE OF UNSKILLED NURSING.

Extract from a nurse's letter from France:—"I read the last JOURNAL with the 'Extracts.' The night the JOURNAL arrived one of the Senior Sisters asked me for it—we were all sitting round

the fire—and when she came across 'Nursing is a Dead Art' she said, 'Sisters and girls, listen,' and read it aloud. Of course, the V.A.D.'s did not like it, but, as they all said, every word was absolutely true, but nothing can be done. All the Matrons and Sisters kicked about having all allowances stopped, with the result that only the billeting allowance is withheld, so rumour says. There was a big outcry, as you can imagine, and I believe they wrote to the War Office. Hundreds of the Sisters said they would resign if it were done. We are not sure yet as to the amount we shall be short as we have not signed for February yet, and January was as usual.

Re the V.A.D.'s and what they cost the Government. In this hospital we have ten, and five Sisters, counting the Sister who is acting Matron, and if you reckon up what our pay comes to you



DR. DICKINSON BERRY (seated), WITH SISTERS AMET AND BROCK, WEARING THE SERBIAN MILITARY CROSS.

will see that the untrained draw nearly twice as much public money as we trained nurses do. They were supposed to come out here to work as in England, and release the men for other work, but that is not the case here. We have nursing orderlies qualified in peace time, and their pay is 10s. 6d. per week, free messing, firing, and lodging. They do not get beds or linen, only ground sheets, and two or three blankets on the floor in huts or tents. You can reckon up the difference in cost of the two. An orderly who is not a nursing orderly gets less pay.

I spent five years training, and since I joined Q.A.'s I have been in France doing exactly the same work as V.A.D.'s, and when the Loos battle was on I was making beds while the V.A.D.'s were doing dressings, because the Sister did not like me.

I have been two months in charge of a department here, a position a nursing orderly had before

me, and a V.A.D. since. A few weeks ago at the Casino branch there was talk about 40 V.A.D.'s who were being sent over to release orderlies, and some of the V.A.D.'s were having plenty of money, had been given more privileges than Staff Sisters by the Sister-in-Charge—remarked, "What class of girls will they be if they have come over here to do orderlies' work?" Another said, "Of course, they could not expect girls of our class to scrub, brought up as we have been." One very sensibly said, "We had to scrub where I was, and the Hon. Miss So-and-So scrubbed also." Of course, many of them are exceedingly nice girls and very capable, and no one was more surprised than they were when they came abroad and found they received so much money. One told me she saved £9 or £10 every month out of what she got. As a rule they all have private means, so you can easily imagine that the Sisters think it very unjust that fellow-nurses in England who have no money or prospects should not get the chance of saving a little for the dark days surely coming. My V.A.D. on night duty told me she was only three weeks attending an infirmary hospital before coming out here, and a girl who came out with her had not been in hospital a day. She was greatly surprised at receiving so many allowances.

There is not a Sister in France, I believe, who does not think the V.A.D.'s an especially privileged class compared with the nursing profession. Fancy fully-trained nurses costing £80 and V.A.D.'s £160 in a hospital of this size—this is roughly, of course, but just twice as much as we do.

There is one thing: any V.A.D. works better than an orderly. The men are more lazy and have less endurance than women. I will tell you later if our allowances are stopped."

QUOTES FROM SOMEWHERE IN THE NEAR EAST.

"You ask for an account of the voyage, but I fear the details must wait. However, I will try and describe some of my surroundings. Weather last month (January) was like an English September, brilliant sunshine and the most vivid of blue skies. The colouring of the sea and coast was perfectly glorious. No wonder artists are ever ready to reproduce such colouring. The houses are numerous and most peculiar and mingling among the seething masses of inhabitants are many uniforms, both naval and military. The children are perfectly lovely; some very fair, with lovely big eyes, others intensely dark. The young girls are handsome, too, and a few of the youths, but their good looks fade rapidly, and it is rare to see a good-looking woman over thirty, whilst the men are positively repulsive.

"The women and young girls, and even children, wear an extraordinary head-dress. At first I thought it was an excellent combination for rain or sun, used instead of an umbrella, but since I have had its origin related to me. It seems that the Bishop of the island caused the priests to impose a punishment on the people for their sins, and ordered this headgear, called a 'valdetta,' to

be worn by all for ten years. The time has now almost expired. This apparel is very expensive, costing from £3 upwards, according to the material, whether black figured silk or ordinary black cloth. It has cardboard in the middle, which rests across the top of the head, covered with black material, which hangs down and serves as a cape and hat in one.

"The easiest way to explore is to hire a 'carozzi,' but one must never accept the driver's charge or 'fare'; the correct fare is generally half what he originally asked. Also, never give more than the amount arranged, as the change will be useless. I must describe 'the sights' in my next, also the festival in memory of St. Paul and his shipwreck, and a few of the people's superstitions. The train service leaves much to be desired. I entered the station one day and waited 'some time.' I noticed the stationmaster had a good fifteen minutes' conversation whilst the telephone 'buzzed' loudly and finally remained unanswered. At last the tiny train crawled in and waited for passengers. There were three carriages, like cattle trucks. I boarded her minus a ticket, but I bought one on the train, and we crawled onwards to our destination. I must mention I had waited patiently for some time outside the office marked 'tickets,' but in this part of the world no one ever hurries.

"Sixteen inches of rain in two hours is the record here, but I found that 16 in. in 12 hours was quite sufficient when I was out. . . ."

NURSING IN THE HOUSE OF COMMONS.

ARMY NURSES' ALLOWANCES.

In the House of Commons on Thursday, the 16th inst., Mr. Pennefather asked the Financial Secretary to the War Office if by a General Order recently issued the allowances to nurses mentioned in Army Order No. 501, of 1914, had been withdrawn; and, if so, would he state what those allowances were, why they were originally given, why they had been withdrawn, and the sums saved by their withdrawal?

Mr. Forster, in a printed reply, said: "Special allowances for lodging, fuel, and light were granted to officers at the front by Army Order 501, of 1914, in aid of the expenses of maintaining their families at home. These have not been withdrawn; but the same allowances were issued to nurses on the ground that they normally receive officers' allowances, and on a review of the question it was decided that these issues were unnecessary and should be discontinued. The saving is at the rate of about £180,000 a year."

PENSIONS FOR DISABLED SOLDIERS, SAILORS AND NURSES.

We have received the following interesting information from Mr. John Baker, F.F.I., F.S.S., Hon. Secretary of the Association of Approved Societies, and are pleased to note that the case of trained nurses invalided out of the Territorial

Force Nursing Service has been taken up by a Member of Parliament, and that there is some hope that the question will be dealt with by the Army Council or the Territorial Force Nursing Service Advisory Council, as it should have been at the beginning of the war:—

"Your Committee will be interested to know that, as the result of the efforts of the Executive of this Association, Mr. Hodge, M.P. (the Secretary of the 'British Steel Smelters' Society'), in the House of Commons, last week, on the Naval Estimates, raised the question of the payment of pensions to disabled sailors who had been discharged in consequence of disease not directly due to service with the colours, and the question of disabled soldiers and nurses, on the Army Estimates this week, with the result that we have now got a definite promise from the Government that the Royal Warrants authorising pensions to soldiers and sailors shall be so amended as to provide for pensions being granted to men who have been discharged in consequence of disease not contracted during service but 'aggravated by service' with the Colours. We have also secured a promise that the pensions shall be increased from sums varying between 4s. 8d. and 7s. a week as now paid in such circumstances, to sums varying from between 15s. and 20s. a week, according to the extent of the incapacity, and we have a further promise that under certain circumstances one-half of the Sickness Benefit paid to such disabled soldiers and sailors, by Approved Societies, shall be repaid by the Admiralty or Army Council as the case may be.

"Mr. Tennant, the Under Secretary of State for War, stated, in reply to Mr. Hodge's question, 'What are the Government going to do for the nurses?' 'that it is not necessary for me to say how much we appreciate the devotion and self-sacrificing services rendered by the nurses throughout the war. I will certainly take care to see that proper action is taken. I cannot help thinking that my Hon. Friend must have been thinking of the Voluntary Aid Detachment and not of the nurses permanently attached to the Army. I do not know whether that is so or not, but I cannot help thinking that it must be so. I understand there is a scheme of pensions, but as I have had no notice of this question I do not wish to commit myself without refreshing my memory.'"

We believe that when Mr. Tennant enquires into the question that he will find that members of the Territorial Force Nursing Service invalided out of the Service have no provision made for them in consequence of disease "aggravated by service" whilst on active duty. We know of several cases in which such nurses have upon leaving hospital come immediately on to their National Insurance Society where the rate of pay is 7s. 6d. a week. We have communicated with the War Office on this matter of invalid nurses' pensions but have received no satisfactory reply.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals.—

Red Cross Hosp., Carmarthen.—Miss M. Chillingworth, Miss F. Robinson.

Skegness V.A.D. Hosp.—Miss S. McCracken.
Hathersage Aux. Hosp., Derbyshire.—Miss A. Walker.

The Hospital, New Mills, Derbyshire.—Miss S. F. Bland.

Roseneath V.A.D. Hosp., Winchmore Hill.—Miss E. Forrest.

County of London War Hosp., Epsom.—Miss D. Bliss.

The Priory Military Hosp., Frimley.—Miss C. M. Rogers.

Nunthorpe Hall V.A.D. Hosp., York.—Miss M. M. Woodhouse.

Aux. Military Hosp., Moor Park, Preston.—Miss N. Burton.

V.A.D. Hosp., Pinner Place, Pinner.—Miss E. E. Carter.

V.A.D. Hosp., Branksmere, Southsea.—Miss A. R. Ross.

Red Cross Hosp., Tewkesbury.—Miss L. A. Filsell.

The Close Hosp., Winchester.—Miss R. Brown.
V.A.D. Hospital, Corsham, Wilts.—Mrs. P. Hawkins.

Red Cross Hosp., Neath, S. Wales.—Miss B. I. Stephens.

Grange War Hosp., No. 3, Deal.—Miss E. Richardson.

V.A.D. Hosp., Wormley Hosp., Broxbourne.—Miss M. Turtle, Miss E. Murray.

Aux. Military Hosp., Combe Lodge, Gt. Warley.—Miss G. Laslett.

V.A.D. Hosp., Theydon Towers, Epping.—Miss E. Havers.

Red Cross Hosp., Christchurch, Hants.—Mrs. M. Coleclough.

Red Cross Hosp., Caerphilly, Glam.—Miss A. Charton.

V.A.D. Hosp., The Tower, Rainhill, Lancs.—Miss H. Fisher.

5, Chichester Terrace, Brighton.—Miss N. Coulson, Miss M. Nation.

Red Cross Hosp., Banbury.—Miss M. A. Jennings.

Mrs. Bonn's Hosp., Newbold Revell, Rugby.—Miss E. K. Good.

Maesteg Cottage, Brigend.—Miss S. A. Musson.

Holm Dene V.A.D. Hosp., Leamington.—Miss L. Blackwell.

V.A.D. Hosp., Weston Favell, Northamptonshire.—Miss J. R. Downes.

Eccleshall Red Cross Hosp., near Stafford.—Miss C. J. Woodward.

Hanworth Park, Feltham.—Miss B. H. Jamieson.

Laverstoke Hosp., Whitechurch.—Miss A. Shobridge.

ABROAD.

Boulogne.—Sisters Leahy, S. F. Norfield, C. M. A. Jameson, L. B. Carmichael, Helen MacDonald, Constance Lindsay, I. M. Ketteringham.

CARE OF THE WOUNDED.

Immense pleasure was given to the Australian wounded soldiers now in hospital at Harefield Park, by the visit on Saturday of Mr. Hughes, the Australian Prime Minister, and Mrs. Hughes. They were accompanied by Mr. Andrew and Mrs. Fisher. Although some 350 soldiers are at present in hospital, Mr. Hughes spoke to each individually. In the case of the most severely wounded men he promised to write to their relatives at home, and send books which he found the men most desired to those likely to stay long in hospital. Then he made a speech in the dining hall when he publicly declared that the

cases and 102 lying down, 71 being down and a staff of 46, 32 of these being orderlies. In the wards various devices may be noted for the convenience of the nurses and the comfort of the patients. The cots with a movable head piece which prevents the pillows from slipping, and with straps above to take the place of pulleys, brackets for feeder or spittoon within easy reach of the patients, racks for their papers and books, non-tipable stools on which the nurses can stand to attend to the patients in the upper cots. Then in addition to the fixed electric lights there are movable torches; cisterns of drinking water in each ward are in charge of the nurses and under lock and key.

The pharmacy and operating theatre are lead



MR. ANDREW FISHER
(High Commissioner).

MR. HUGHES.

MRS. HUGHES, MISS ETHEL GRAY
(Matron).

THE AUSTRALIAN CONVALESCENT HOSPITAL, HAREFIELD PARK.

men had done their duty splendidly by Australia, and Australia would do its duty by them.

The illustration shows Mr. Hughes bending over the bed of a patient. Miss Ethel Gray, Matron of the Hospital is present in uniform. We have already described this delightful hospital.

Those who remember the hospital trains sent out to France at the beginning of the war, and saw the new train built by the Great Western Railway at Swindon last week, must realize that great improvements have been made in the last eighteen months. The train, which cost £28,000, and is over 900 feet long has through communication from end to end, from the isolation ward at the far end, with its 18 cots, to the very last car. It provides accommodation for 472 sitting-up

lined, the latter with an operating table covered with zinc. There is a store for medical comforts, as well as a pack store. There are comfortable quarters for both the medical and nursing staffs—the latter having a cosy little dining room with oval dining table, and the orderlies also have comfortable quarters. A movable ladder is provided which can be attached to the outside of a coach if necessary, for it must be remembered that hospital trains at the front do not often draw up at platforms. Altogether the comfort of patients and staff has been most carefully considered and Train 26 will speed on its mission of mercy well equipped for all contingencies.

The country owes Mr. Ronald McNeill a debt of gratitude for his powerful speech in the House of

Commons on Army hospital administration; and also to Mr. Ian Malcolm, for his courageous letter in the *Times*, on what he calls "the appalling condition of things in Mesopotamia." He writes:—

"The news that is now beginning to come to hand from that distant theatre of war is little short of ghastly. We hear of lack of hospital accommodation, shortage of medicines, anaesthetics, dressings, bandages—in fact, of all hospital equipment—to an extent that is positively alarming. One letter from the spot tells me of three medical officers in charge of 1,000 badly wounded men with practically no dressings or bandages, and having to do their surgery without anaesthetics. Another correspondent writes that a single nurse was in charge of 500 cases, mostly amputations, with only coolies to help her. A third person writes that one officer, shot in the lungs, lingered eighteen days before he died, and never got his bandages changed.

"The War Office representative says that the medical arrangements out in the East are under the Indian Government; as if that relieved the Imperial Government of its responsibilities. After all, it is the War Office here that sent from England fathers and brothers and sons to fight on the Tigris; it is not fair, when they are wounded or dying, that the War Office should wash its hands of them, and leave their fate in charge of the Indian Government. Ultimately Great Britain is responsible."

And he adds, more nurses should be sent there; "The sex that has faced the brutalities of the Germans at Mons, and has worked through the typhus in the Balkans, and endured the rigours of the Serbian retreat, will face the dangers from the Turk and Arab with equal fortitude and calm."

The Central Work Rooms of the British Red Cross Society and Order of St. John have removed temporarily to 48, Grosvenor Square, W., from Burlington House, during the Royal Academy summer exhibition.

SIDE LIGHTS.

The hospitals for wounded in France are often established in large châteaux, situated in a small village in the war zone. The English Sisters serving in such are necessarily brought into close personal contact with the everyday life of the people such as would be impossible under ordinary conditions. And somehow the stranger to France finds something ever fresh in these simple French village people, with their ever-ready hospitality, their beautiful courtesy, and their apparent anxiety to show in every available way their appreciation of the care which they feel their *blessés* are receiving at the hands of English doctors and sisters.

This manifests itself in many ways, one being the many offers of free French lessons we receive.

In this small village of A—, in the East of France, at the present time, quite a number of civilians come, some from a long distance, for treatment at the hospital as out-patients, and some even seeking admission as in-patients.

The military authorities are anxious that we should deal with these cases when possible, but of course beds are seldom available in a busy hospital of this description.

The stone wayside Calvaries and beautiful little shrines are frequently met with in these parts. The cemetery is a beautiful peaceful spot, always carefully tended for "All Souls' Day." The village children had gathered moss and berries, and with the assistance of their school mistress had made two wreaths for each of the graves of soldiers who had died of wounds.

"Take in" nights come, on an average, about three times weekly, if evacuations can be made to meet the demand. The ambulances, well supplied with blankets, hot bottles, hot drinks, first-aid dressings, &c., leave at about 10.30 p.m., and then Sisters and nurses are busy making preparations for the reception of their men and listening for the first sounds of the steady almost solemn and sad approach of ambulances. This time is the highly prized privilege of the night staff.

Many quaint stories might be told of these men entering an English hospital for the first time. To many our night vigil is a perplexity. On one occasion one poor suffering man remarked that if the Sister wished to go to bed he thought he could change his own clothes, as it was only his head that was wounded! Another, slowly recovering from a state of semi-consciousness, asked "*Suis je dans Angleterre?*"

One poor fellow, having apparently lost the sight of both eyes, expressed sorrow that he could not see the English doctors and nurses. One patient, called "the Englishman," from having worked in a baker's shop in Blackheath for some months, felt he had a special right to nail the photograph of our glorious heroine, Miss Edith Cavell, over his bed. Needless to say this was encouraged. Many, many such stories could be related.

The writer, recently taking a walk through a country village in France, was greeted by an old lady with the usual courtesy, and asked to enter and rest. With evident pride the latter produced two photographs, one of a young curé, the other of the same man but now in military dress, the widow's only son. She quaintly remarked, "*Un soldat de la Croix, un soldat de France maintenant.*" She continued to say that she intended living alone in that quiet cottage on the hillside until her son returned to her again. Poor trusting mother! She looked so frail, her very optimism made one wonder when and where she would meet her son; perhaps in a blessed eternity; who knows?

Living and working in the midst of things and hearing daily the sounds of warfare in the distance, should make us pray and work diligently for a speedy and lasting victory and peace.

AMY PHIPPS.

FRENCH FLAG NURSING CORPS.

One of the most harmonious and perfect little units in the Corps has been composed of Sisters Conway-Gordon, supervisor, and working with her Sisters Willets, Macaulay and Richards, at the Hôpital du Prieuré, at Port-a-Binson. Our picture shows a ward in this well-managed ambulance.

In a recent issue we notified our wish to send a consignment of comforts and dressings to Miss McMurrich, the lady who came over in charge of the F.F.N.C. Canadian Unit, now working in France, and we have to thank with much gratitude the Aberdeen War Dressing Depot, 5, Bon Accord

Square, Aberdeen, for a splendid gift of five boxes containing the following supplies:—5,000 swabs, 600 8-gauge swabs, 300 pine dressings, 400 roller bandages, 110 pads for splints, 80 many-tailed abdominal bandages with 11, 40 limb bandages, 50 slings, 20 fomentations, 40 flannels, 5 wringers, 20 pneumonia jackets, 50 pillows, 200 pieces plugging, 100 wash cloths, 20 stump bandages, 10 capeline bandages, 20 11 bandages, and 1 air cushion. A grand total of 7,060 articles, for which the F.F.N.C. is sincerely grateful.

The same generous supplies have also been sent to Sister Roberts at Toul and to Sister Barlow at Caen.

The Sisters at Neufchâteau have had the pleasure of working with a celebrated physician, well-known to foreign invalids on the Riviera, who has thus come into touch with British nurses, and has learned the value of their skilled work, and to trust them with responsibility—responsibility which the devoted Sisters working in the Rébeval Hospitals, one and all deserve. Recently a little "At Home" was given by the Médecin Chef to all the medical and other officials, to which

the seven Sisters were invited. It was a very pleasant party, at which speeches were delivered referring to the unity of France and England in the war, especially in the care of the sick and wounded, references being made to the work of the Sisters in most complimentary terms; the usual toasts and salutes followed. Sister Sutton, supervisor, gracefully returned thanks in her fluent French for the courtesy shown to them, and expressed their warm admiration of French heroism, and how deeply they appreciated the privilege of sharing in the nursing of the heroes.

Sister Greta Scott also writes from Château Thierry, of "the great comfort and blessing of the pillows which reached her a short time ago—



HÔPITAL DU PRIEURÉ, PORT-A-BINSON.

nothing but hard bolsters provided." She asks for a 100 pillow cases "as they make all the difference to the look of the ward, and although this is a clearing station, we like to make it as comfortable and pleasant as possible. Our beds are never empty. Being so near the front the patients are only kept until able to return within 10 days, or if too bad are sent to the interior hospitals to make room for fresh cases. We are very happy, although the work is hard and hours long, but I would not have missed this experience for worlds."

The marriage took place on March 16th, at 6, Stanmore Road, Mount Florida, Glasgow, of Miss Jean Aitken Bell, to Mr. John Carmichael, of Leslie, Fife. She was a member of the staff of the Scottish Women's Hospitals in Serbia.

MACMILLAN & CO., LTD., AND MISS SWANHILDE BULAN v. THE NURSING PRESS, LTD., AND MRS. ETHEL GORDON FENWICK.

(Before Mr. Justice KIDLEY, a Special Jury.)

In this case Messrs. Macmillan & Co., Ltd., and Miss Swanhilde Bulan claimed damages for libel against the Nursing Press, Ltd., Mrs. Ethel Gordon Fenwick, and Press Printers, Ltd.

The defendants admitted the publication, but said that the words were true and were fair comment.

The plaintiffs alleged express malice.

Mr. Dickens, K.C., and Mr. McCordie appeared for the Plaintiffs; and Mr. Gordon Hewart, K.C., and the Hon. M. M. Macnaghten were briefed for the Defendants.

Mr. Dickens said that Macmillan & Co., the publishers, were the proprietors of the *Nursing Times*, of which Miss Bulan was the editor. The Defendant, Mrs. Ethel Gordon Fenwick, with her husband, owned nearly all the shares in the Nursing Press, Ltd., who owned THE BRITISH JOURNAL OF NURSING. The libel appeared in the Defendants' newspaper of May 15th, 1915. It assumed the veil of patriotism, but its real object was to crush the *Nursing Times*. Miss Bulan was chosen as a victim because her father was a German, who, however, had left Germany in 1875.

The Matron-in-Chief of the Territorial Force Nursing Service, Miss Sidney Browne, simply helped in dealing with nursing subjects, she was an expert. She was not able to attend because of illness.

Having read the alleged libel, Counsel submitted that the only meaning was that Miss Bulan was a spy.

Miss Bulan, in giving evidence, said she was born in Strassburg in 1874. In 1879 the family went to New Zealand, where her father became a teacher and lecturer. In 1890 he obtained a certificate of naturalisation from the Governor-General of the Colony. In 1891 her father and family came to England and finally settled here. She had paid three short visits to Germany. In London her father became a journalist. In 1897 witness changed her name from Bulau to Bulan because people used to spell it that way. When the War broke out she was informed that the Colonial naturalisation did not apply in this country, and was told her best plan would be to apply for naturalisation in England, and this she did, obtaining her certificate.

In cross-examination by Mr. Macnaghten, Miss Bulan said that she was of pure German descent on both sides. Her naturalisation certificate called her "an alien" in the name "Bulau." She had never taken any steps to denaturalise herself in Germany. "She had had no training as a nurse, nor had she ever professed to have." Miss Sidney Browne, Matron-in-Chief of

the Territorial Force Nursing Service, was not in a subordinate position to her, but when attending at Macmillans' she worked in her office; of course, she was paid.

Sir F. Macmillan, a member of the Plaintiff firm, said in his opinion the statement complained of was a very cruel and malicious attack on a lady who had worked very well for the firm.

Mr. Macnaghten, in addressing the jury, said that Mrs. Fenwick had been a trained nurse and Matron of St. Bartholomew's Hospital. She had taken a prominent part in the movement for registration of nurses, and from first to last had not taken one penny from THE BRITISH JOURNAL OF NURSING, which she had acquired to spread her views. She thought that the editor of a nursing paper ought to have nursing qualifications.

Mrs. Fenwick said that she had devoted her life to the betterment of nurses. She had formed the opinion that they were overworked and underpaid, and she tried to get them a legal status without which paid workers were in a very dependent position. She had always thought that Miss Bulan was a Swede. When she saw the certificate of naturalisation she thought the nursing profession ought to know. She wrote the article in good faith. It was an honest criticism on the actual facts of the case, and in writing it she was actuated by public motives.

In cross-examination by Mr. Dickens, witness said she considered that during this war no person of enemy origin should have the power to injure the country. Asked if she believed Miss Bulan's reason for changing her name, she said she considered it a very futile reason. Pressed to say yes or no, she replied no. Her paper was not run specially to make a profit, and she did not attack the *Nursing Times* in order to capture its circulation. Her paper appealed to the educated nurses, not to the uneducated or the ward maids. Witness said that she and her husband had sunk £10,000 in THE BRITISH JOURNAL OF NURSING, in support of the work in which they were interested.

In addressing the jury Mr. Macnaghten, contended that every statement complained of was admittedly true, and the only inference to be drawn from the paragraph was that Messrs. Macmillan should not at a time when this country was at war employ a lady who was of German descent. That was an opinion that anyone was entitled to hold and express.

The Judge, having summed up, suggested to the jury that if they found a verdict for the Plaintiffs they should award them substantial damages. As we reported last week, the jury awarded £500 damages.

It is necessary to explain that Mr. Gordon Hewart, K.C., who had been briefed to defend the action was unexpectedly called upon to appear in another Court, and therefore the defendants were deprived at the last moment of the leading Counsel in charge of their case.

SOCIETY FOR STATE REGISTRATION OF NURSES.

A meeting of the Executive Committee of the Society for State Registration of Trained Nurses, at which the presence of members was invited, was held at 431, Oxford Street, London, W., on Saturday, March 18th, at 4.30 p.m., Mrs. Bedford Fenwick, President, in the chair.

Before the beginning of the meeting, Miss M. Heather-Bigg, President of the Matrons' Council, asked Mrs. Fenwick's acceptance of a most lovely bouquet of flowers, carried out in the national colours in iris, crimson tulips, and white lilies, freesias, and narcissus, tied with a wide bow of ribbon of the national colours.

THE GIFT.

Miss Heather-Bigg said:—

"MRS. FENWICK,—This meeting affords us the opportunity of expressing to you as President of the Society for State Registration of Trained Nurses, and Hon. Editor of its official organ—*THE BRITISH JOURNAL OF NURSING*—our warm appreciation of your continuous labours for the cause which you initiated.

"It is only recently that we have learnt through the newspapers a fact about which you have kept silent, namely, that you and Dr. Bedford Fenwick have spent £10,000 upon the campaign for justice and legal status for nurses.

"We take this opportunity of assuring you of our gratitude and appreciation of all you have both done to uplift the nursing profession.

"We recognise that by your sacrifices you have given us that voice in the press which is indispensable to all professions, and that in *THE BRITISH JOURNAL OF NURSING* the workers have an organ in which they can always freely express their opinions, and which has always maintained a high standard of professional integrity and literary merit.

"We assure you, dear Mrs. Bedford Fenwick, that you may depend upon our loyalty to you, as our leader, and to the cause for which you have worked and sacrificed so much.

"We welcome this opportunity of expressing to you the gratitude for your invaluable services to the nursing profession, which are recognised, not only by those who know and trust you in this country, but all over the civilized world."

THE ACCEPTANCE.

In reply, Mrs. Fenwick said, "Miss Heather-Bigg and ladies,—I thank you warmly for these exquisite flowers, and I am much gratified that they are tied with our national colours. Your very kind words touch me deeply.

"I can assure you that the verdict in the High Courts will only make me all the more

vigilant in the defence of the nursing profession. It is impossible to fight privilege in an attempt to organize a body of women workers so defenceless as the nurses, without the expenditure of large sums of money. Men have not only spent money in attaining self-government, but blood has flowed freely as well—and men have political power and physical force to help them. We women have only mental and moral force, and the pen has been our most forceful weapon. As nurses learn to understand the value and the terrible power of money, they will realise that every advantage won by a class in the body politic must be paid for in hard cash. To have a voice in the press, without which we should have been crushed out long ago, is a very costly matter. In the past quarter of a century we have been up against the danger of monopoly many times, and we have through our *JOURNAL* successfully defended ourselves on every count.

"I am glad you have mentioned the part taken by Dr. Fenwick in financing for so many years a *JOURNAL* through which the best interests of the nursing profession may be advanced and protected. In this country, so sunk in soulless materialism, to pay for one's ideals appears the action of a fool, and is of course incomprehensible to those who exploit our profession. I will convey with pleasure your expression of appreciation to Dr. Fenwick for the part he has taken in the fight for the legal status of the nursing profession.

"But it is not only money which has been poured out in this now historic struggle of nearly thirty years' duration for the Legal Registration of Nurses. What of the devoted work, literally night and day, of Miss Breay and others, who have given of their fine literary talents to the upbuilding of our *JOURNAL* with a selfless generosity which can never be repaid? The £10,000 in cash is only part—an indispensable part I own—of what it has cost to convince the State of its duty to the trained nurses of this country. Let us hope that in the near future the profession as a whole may reap the firstfruits of the generosity and devotion of those who have borne the burden and heat of the day."

THE COLLEGE OF NURSING.

The special object of the meeting was to consider the Draft Memorandum and Articles of Association of the proposed College of Nursing in conjunction with the Nurses' Registration Bill, and they were carefully considered clause by clause, for the instruction of the delegate, preparatory to attending the Conference with the promoters of the College of Nursing on March 24th.

So that the discussion should be absolutely unbiased, it was not reported that the Draft under consideration was almost word for word that of the Scheme advanced in 1905, under the title of "The Society for Promoting the Higher Education and Training of Nurses," which was successfully opposed before the Board of Trade by those interested in the Legal Registration of Nurses. The substitution of the word "College" for "Society," and a few other minor alterations, practically effected no change in the Constitution.

NEW MEMBERS.

The following new members were elected:—

- 3818 Miss A. L. Fowler, cert. County Hosp., Lincoln.
- 3819 Miss E. A. Marden, cert. Salford Roy. Hosp.
- 3820 Miss A. C. Butler, cert. St. George's Hosp.
- 3821 Miss A. Hughes, cert. Roy. Inf., Chester.
- 3822 Miss A. Macdonald, cert. Great Northern Cent. Hosp.
- 3823 Miss J. H. Fisher, cert. David Lewis Northern Hosp., Liverpool.
- 3824 Miss B. Evans, cert. Roy. Inf., Manchester.
- 3825 Miss F. L. H. Wilson, cert. Bradford Roy. Inf., Bradford.
- 3826 Miss A. M. E. Northcott, cert. Roy. Inf., Sheffield.
- 3827 Miss E. C. Humphreys, cert. Gen. Hosp., Birmingham.
- 3828 Miss E. E. Brooks, cert. " "
- 3829 Miss A. M. Birch, cert. " "
- 3830 Miss K. E. Harris, cert. " "
- 3831 Miss E. J. Hopcraft, cert. " "
- 3832 Miss J. Rawle, cert. " "
- 3833 Miss A. M. Taylor, cert. " "
- 3834 Miss M. Whitaker, cert. " "
- 3835 Miss K. A. Whitaker, cert. " "
- 3836 Miss L. Fitton, cert. " "
- 3837 Miss F. M. Ledbury, cert. " "
- 3838 Mrs. E. A. Stroud, cert. " "
- 3839 Miss G. B. Phelps, cert. " "
- 3840 Miss E. A. Fellows, cert. " "
- 3841 Miss F. Cloake, cert. " "
- 3842 Miss E. Ashbarry, cert. Queen's Hosp., Birmingham.
- 3843 Miss D. Jones, cert. " "
- 3844 Miss G. Pearson, cert. Gen. Hosp., Wolverhampton and Edin. Roy. Inf., Edinburgh.
- 3845 Miss E. A. Arrowsmith, cert. Queen's Hosp., Birmingham.
- 3846 Miss R. E. A. Potter, cert. Birmingham Gen. Hosp.
- 3847 Miss E. C. Matheson, cert. Whipp's Cross Inf., Leytonstone.
- 3848 Miss M. F. Coghlan, cert. St. Pancras Street Inf., London.
- 3849 Miss A. Gomes, cert. Leeds Gen. Inf.
- 3850 Miss E. G. Gale, cert. Cheltenham Gen. Hosp.
- 3851 Miss E. A. May, cert. King's Norton Inf., Birmingham.
- 3852 Miss E. Shead, cert. King's College Hosp., London.
- 3853 Miss M. Woodland, cert. Brighton Inf., Brighton.
- 3854 Miss S. J. Bourne, cert. Croydon Inf.
- 3855 Miss L. Vinson-Lovell, cert. Croydon Inf.
- 3856 Miss H. Barton, cert. St. Bart's Hosp.
- 3857 Miss A. Lemon, cert. Guy's Hosp., London.
- 3858 Miss T. M. Lee, cert. West Ham Inf.
- 3859 Miss E. M. F. Wallis, cert. Roy. Inf., Sunderland.
- 3860 Miss P. C. Hughes, cert. Roy. Salop Inf., Shrewsbury.
- 3861 Miss H. Foster, cert. Addenbrooke Hosp., Cambridge.
- 3862 Miss M. A. Brookes, cert. Kingston Inf. Matron, Cottage Hosp., East Molesey.
- 3863 Miss L. E. Leigh, cert. Whitechapel Inf.
- 3864 Miss E. M. C. Eyres, cert. St. Thomas' Hosp.
- 3865 Miss E. J. Miller, cert. North Staffordshire Inf.
- 3866 Miss E. M. O'Brien, cert. Poplar and Stepney Sick Asylum.
- 3867 Miss B. Sainty, cert. St. Marylebone Inf.
- 3868 Miss M. McDonald, cert. Stobhill Hosp., Glasgow.
- 3869 Miss E. Towns, cert. Barnhill Hosp., Glasgow.
- 3870 Miss M. A. Fraser, cert. Victoria Inf., Glasgow.
- 3871 Miss B. Whyte, cert. Barnhill Hosp., Glasgow.
- 3872 Miss A. Malcolm, cert. Kilmarnock Inf., Ayrshire.
- 3873 Miss E. Downey, cert. Roy. Inf., Manchester.
- 3874 Miss E. F. Farquhar, cert. Roy. Inf., Aberdeen.
- 3875 Miss C. A. Pink, cert., Middlesex Hosp.
- 3876 Miss A. Divine, cert. Roy. Inf., Huddersfield.
- 3877 Miss J. I. Fuller, cert. Roy. Victoria Hosp., Belfast.
- 3878 Miss M. Haynes, cert. Roy. Inf., Manchester.
- 3879 Miss E. Marr, cert. Roy. Inf., Sunderland.
- 3880 Miss M. Vaughan-Winters, cert. Roy. Inf., Leicester.
- 3881 Miss F. Pepper, cert. Poplar and Stepney Sick Asylum.
- 3882 Miss W. H. Robards, cert. Croydon Gen. Hosp.
- 3883 Miss W. F. Hooper, cert. Gen. Hosp., Tunbridge Wells.
- 3884 Miss A. Spottiswoode, cert. Prince of Wales' Hosp., Tottenham.
- 3885 Miss F. Lander, cert. " "
- 3886 Miss M. McIlwrath, cert. St. Pancras Inf., Highgate.
- 3887 Miss E. Cousins, cert. The Inf., Isleworth.
- 3888 Miss E. M. Smith, cert. Mile End Inf.
- 3889 Miss J. E. Aaron, cert. North Ormesby Hosp., Matron, Admiral Challoner Hosp.
- 3890 Miss H. H. Alder, cert. Sunderland Union Inf.
- 3891 Miss S. A. Cooper, cert. Middlesbrough Union Inf.
- 3892 Miss A. L. Brunning, cert. Camberwell Inf.
- 3893 Miss M. Barker, cert. Toxteth Park Inf., Liverpool.
- 3894 Miss M. A. Hein, cert. London Hosp.
- 3895 Miss N. M. Webster, cert. North West London Hosp.

- 3896 Miss V. A. Taylor, cert. Hospital of St. Cross, Rugby.
 3897 Miss C. M. Williams, cert. London Temperance Hosp.
 3898 Miss D. A. Parr, cert. The Inf., Blackburn.
 3899 Miss J. R. Firegan, cert. Prince of Wales' Gen. Hosp., Tottenham.
 3900 Miss E. King, cert. " "
 3901 Miss G. E. Collins, cert. " "
 3902 Miss F. A. Leaver, cert. " "
 3903 Miss A. Scruton, cert. " "
 3904 Miss F. Warner, cert. " "
 3905 Miss A. E. Gladwin, cert. St. Marylebone Inf., London.
 3906 Miss O. M. Allée, cert. Roy. Hants. County Hosp., Winchester.
 3907 Miss H. O. Spencer, cert. Northampton Gen. Hosp.
 3908 Miss E. G. Singer, cert. Roy. Berks. Hosp., Reading.
 3909 Miss G. Lyall, cert. City of London Inf.,
 3910 Miss E. A. Post, cert. Holborn Inf., Highgate.
 3911 Miss M. H. Roddam, cert. Brownlow Hill Inf.
 3912 Miss L. E. Allée, cert. Royal Hants County Hosp.
 3913 Miss A. M. Bright, cert. Queen's Hospital, Birmingham.
 3914 Miss M. A. Edwards " "
 3915 Miss E. M. Atcherley " "
 3916 Miss E. M. Dawson " "
 3917 Miss D. Snell, Lady Supt., Scuola Convitto, Regina Elena, Policlinico, Rome.
 3918 Miss E. Watney (Sister) " "
 3919 Miss A. Whyte " "
 3920 Miss M. Goldsworthy " "
 3921 Miss M. Kent " "
 3922 Miss L. Grimes " "
 3923 Miss Aimesford " "
 3924 Miss Costello " "
 3925 Miss Thayer " "
 3926 Miss Hagan " "
 3927 Miss A. B. Sibun, cert. St. Olave's Inf.
 3928 Miss G. Holmes, cert. Bermondsey Inf.
 3929 Mrs. Craythorne, cert. Rotherham Union Hosp.

The Meeting then terminated.

MARGARET BREAY,
Hon. Secretary.

STATE REGISTRATION AN URGENT NECESSITY.

On Tuesday, March 14th, a meeting was held, under the auspices of the National Union of Women Workers, at the Settlement Hall, Middlesbrough, on the subject of State Registration of Trained Nurses. The chair was taken by Mrs. Iltyd Williams of Normanby Hall, local President of the Society. There was a large attendance of members, nurses and some doctors. A very able Paper was read by Miss Beatrice Kent, of London, who dealt with this important subject in a very

clear and forcible manner, pointing out the necessity for united effort at this time of grave crisis, which challenges the very life of the profession. At the close of the meeting the following Resolution was proposed by the President, seconded by Mrs. Calvert, Mayoress of Middlesbrough, supported by Dr. Minnie Levick, and carried unanimously:—

"Whereas at the present time especially the need for State Registration of Trained Nurses is an urgent necessity, this meeting makes a strong appeal to the Council of the National Union of Women Workers, to urge upon the various branches of the Society the necessity of rendering all help by pressing upon Parliament the need for passing the Bill now before Parliament through its further stages into law immediately after the war. This meeting further reminds the Council that the movement for State Registration is strongly supported by the British Medical Association, and that the self-governing Associations of Nurses unanimously desire it.

"Furthermore, that a Registration Bill was passed through the House of Lords in 1908 without a division, supported by the Government. Also that in 1914 the Bill was introduced into the House of Commons by the large majority of 228.

"In view of these facts this meeting considers that the long delay in passing the Bill is a serious menace to the stability and prestige of the Nursing Profession."

At the close of the meeting some literature was sold and several nurses applied for membership of the State Registration Society. It is hoped that the Council of the National Union of Women Workers will act upon this Resolution and encourage the different Branches of the Society to follow so excellent a precedent.

Will nurses who read this, and who belong to the National Union of Women Workers, help to advance this movement wherever they may be?

Miss Beatrice Kent, who is a lucid and excellent speaker on the State Registration question, has kindly consented to speak to meetings in London or the Provinces, if out-of-pocket expenses are paid.

PROTECTION FOR TRAINED NURSES.

The following Resolution has been sent for insertion by Miss H. Hawkins, provisional Hon. Secretary Trained Nurses' Economic League:—

We, certificated British Nurses, in meeting assembled, declare our determination to support our own professional organ, THE BRITISH JOURNAL OF NURSING, which voices the professional ideals and convictions, and the national aspirations of the organized members of the nursing profession throughout the British Empire, and without which the nurses in this country would be, in our opinion, at the mercy of commercial exploitation.

APPOINTMENTS.

MATRON.

Consumptive Sanatoria of Scotland, Bridge of Weir, nr. Glasgow.—Miss Margaret A. Taylor has been appointed Matron. She was trained at the Western Infirmary, Glasgow, where she was afterwards Sister; and has been Matron of the Fleming Cottage Hospital, Aberlour; and Matron of the Forfar Infirmary.

SISTER.

Western Hospital, Seagrave Road, Fulham, S.W.—Miss Florence Louise Glen has been appointed Sister. She was trained at the Southwark Infirmary, where she has held the position of Sister.

NIGHT SISTER.

Croesnewydd Auxiliary Military Hospital, Wrexham.—Miss E. Hollis has been appointed Night Sister. She was trained at the Crumpsall Infirmary, Manchester, where she subsequently held the position of Ward Sister. She has also been Sister at the Borough Hospital, Lancaster; and Nurse Matron at the Stone Joint Hospital.

SUPERINTENDENT NURSE.

Pontypool Union Infirmary.—Miss Louisa Kate Clarke has been appointed Superintendent Nurse. She was trained at the Town's Hospital of Glasgow. She has held the positions of Superintendent Nurse under the Hungerford Union, and of Sister under the Tynemouth Union.

NIGHT SUPERINTENDENT NURSE.

Workhouse Infirmary, Norwich.—Miss Florence Ada Buttifant has been appointed Night Superintendent Nurse. She was trained at the Hammer-smith Infirmary, and has been Charge Nurse at the Norwich Infirmary, and Nurse and Midwife at the Marylebone Infirmary.

STAFF NURSE.

Croesnewydd Auxiliary Military Hospital, Wrexham.—Miss A. Maher has been appointed Staff Nurse. She was trained at St. Patrick's Hospital, Waterford.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Letitia A. Parker retires on account of ill-health (March 17th).

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth H. Courtenay is appointed to Kingston, as Assistant Superintendent; Miss Annie B. Bower, to Haydock; Miss Mary Humphreys, to Highfields and Woodlands; Mrs. Clara A. Jackson, to Chipping Norton; Miss Catherine Wilcox, to Sedgely.

EXAMINATION.

The following are the questions set at the examination for the Roll of Queen's Nurses, March 16th, 1916.

1. What would lead you to suppose a child was

suffering from Rickets? State what you know of the causes of this disease, and its prevention.

2. How would you manage a case of Erysipelas on the district?

3. What do you know of Cerebro-spinal Meningitis? What would make you suspect a patient was suffering from it? How is this disease spread, and what precautions would you take?

4. How may a nurse assist in lowering the infant mortality in her district?

5. What would you do, pending the arrival of a doctor, if called to: (a) A case of hæmorrhage from a ruptured varicose vein in the leg. (b) A case of poisoning by a strong acid (Hydrochloric). (c) A wasp sting on the eyelid.

6. What are the possible causes of a marked rise of temperature in a woman on the third or fourth day after her confinement?

THE PASSING BELL.

We regret to record the death of Mrs. Kate Boyes, familiarly known as "Nurse Kate." She was trained at the County Hospital, York, and after her husband's death 16 years ago again took up work as a private nurse. Becoming seriously ill she was admitted as a patient to the County Hospital, York, in the early part of this month and died there on March 8th. The funeral which took place at the York cemetery was preceded by a service in St. Olave's Church, conducted by the vicar, the Rev. A. E. M. Glover, M.A., and attended by relatives and professional and other friends, many beautiful floral tributes testifying to the affection and respect in which she was held.

IRISH NURSES ASSOCIATION.

The Annual Meeting of the above Association was held on St. Patrick's Day, at 34, St. Stephen's Green, Dublin. There was a large attendance of members. The following office holders were elected for the ensuing year: President, Miss Ramsden, Lady Superintendent of the Rotunda Hospital; Vice-President, Miss O'Flynn, Lady Superintendent of the Children's Hospital, Temple Street; Hon. Secretary, Miss Keatinge, Lady Superintendent, National Maternity Hospital; Finance Committee, Miss Carson Rae, Miss Thornton, and Miss Hughes.

There was an interesting discussion on the Articles of Association of the proposed College of Nursing, and Miss Reeves, Lady Superintendent of the Royal Victoria Hospital, was appointed delegate for the I.N.A. at the Conference to be held in London on the 24th inst. Nurses were reminded that the monthly meetings of the Association are open to all members of the I.N.A.

A letter was read from Mrs. A. R. Smith, London, enclosing an anonymous donation of £10 to the Association.

After the meeting a book tea and dance took place, Nurses Benning, O'Rourke, O'Brien and Dillon being the prize winners at the book tea.

NURSING ECHOES.

The Annual Meeting of the East London Nursing Society is to be held at the Mansion House on Wednesday, March 29th, at three o'clock, when the Bishop of London will be amongst the speakers, and the Mayors of Bethnal Green, Poplar, and Stepney will be present. The Society was founded in 1868, when the cholera epidemic of 1866 was fresh in men's mind. Ever since then it has provided nurses in some of the poorest homes in the East End. During the past year the twenty District Nurses paid over 87,000 visits, and in addition two nurses, one giving the whole and the other half of her time, were employed at the School Treatment Centres in connection with the London County Council.

The Committee feel that special efforts are necessary just now, if their work among the sick poor is not to be overlooked among many urgent claims, and we hope the meeting will be well attended.

The twenty-fifth Annual Report of the Nurses' Co-operation, 22, Langham Street, Portland Place, London, announces that there are now 472 fully trained nurses on the General Staff; 34 asylum-trained nurses for mental patients; and 23 nurses eligible for election working on probation for six months.

Since the outbreak of war in August, 1914, many nurses have been engaged by the War Office and Admiralty, and have been sent to France, Egypt, Malta, and elsewhere. Very few of them appear to have suffered in health, and those who have been temporarily incapacitated have been well looked after abroad and at home. The majority, who have been back from time to time on short leave, have looked amazingly bright and healthy, giving notable reports of the endurance and courage of their patients—badly wounded soldiers.

The report acknowledges the appreciation of the Committee of the work of the Lady Superintendent, Miss Hoadley, and also of Miss Laura Baker, who has just resigned the position of Sister-in-charge of the Howard de Walden Home, after twelve years' valuable service.

The Nurses' Needlework Guild, originated by Nurse Theobald, and carried on by Miss Baker, received in 1915 over 1,100 excellent garments for distribution.

The deaths of Nurses Morris, J. Holmes, and E. Burton are recorded with deep regret.

Gratuities of £16 and £11 respectively were made by the Dewsbury Joint Hospital Board to Nurse Claridge and Nurse Knox for their services in nursing smallpox patients. An objection from an absent Councillor that the gratuities were an "extravagant and wanton waste of public money" seemed singularly ill-timed when Alderman Preston recalled that when smallpox broke out, the Board tried in vain to secure private nurses in Dewsbury, Leeds, Wakefield, Harrogate, and York. Then these two nurses volunteered, and had done their work exceedingly well, and other Councillors endorsed the expressions of praise bestowed on the nurses. We agree with the view of Alderman Priestley that the nurses ought to be remunerated as well as honoured, and are glad that the recommendation of the Committee that the gratuities should be granted was carried unanimously.

By kind permission of Mrs. Arthur Stabb, a meeting of the National Food Reform Association will be held at 132, Harley Street, on Tuesday, March 28th, at 3 p.m., when the subject under discussion will be "Housekeeping in War Time." The speakers will be Miss Alice Petty (Derby), Miss Florence Petty, M.C.A. ("The Pudding Lady"), and Mr. Charles E. Hecht, M.A., M.C.A., Hon. Secretaries of the above Association. Many matrons and nurses are anxiously considering the question just now, when rising prices, and decreasing incomes, have to be considered in relation to efficiency.

A lecture in connection with the Catholic Women's League Nurses' Guild was given on "Some Phases of the War" at the Westminster Cathedral Hall, Ambrosden Avenue, on Monday, March 20th. The lecturer was the Very Rev. Hugh Pope, O.P.

Dr. Roache, who gave the introductory address, said that in the course of his practice he was often asked to send Catholic nurses to his patients. Though there were a large number in London, it was sometimes very difficult to put a finger on them when they were required. He suggested, therefore, that the League should found a central organisation for the purpose of keeping a register of the Catholic nurses working in London in the various nursing institutions.

He suggested that the register should contain three grades:—(1) The nursing nurses, who, though well experienced, were not fully qualified. These ladies met an often-expressed

requirement. (2) The fully qualified nurses. (3) The nurse attendants. The last class would meet the need of those who were unable to afford the highly qualified nurse, and also where the patient did not really require very skilled assistance.

The Very Rev. Lecturer then began his most interesting and instructive lecture, which was illustrated throughout with beautiful lantern slides.

The first thrown on the screen were a series of maps showing the plan of action from the outbreak of the war. Particularly absorbing was the description of the march on Paris, and the lecturer dwelt on its appalling nature and amazing co-ordination. He next showed some aspects of artillery war, and described the effects of high explosives.

A revelation to most of the audience was the immense size of Germany's big guns, conveyed by motor and petrol. At the outset of the war we had not a single gun conveyed in this fashion. Guns of this kind destroyed sieges.

He said that a few years back a lady told him that in Dresden the bridges were built a hundred times stronger than was required for traffic. The reason, she said, is to be able to carry the artillery when war is declared. Her words proved true. The devastating results following the Black Maria and "Fat Berthas" (named after Frau Krupp) were graphically impressed both by eye and ear. Range-finding, effects of different kinds of shrapnel howitzers, the stone bridge at Marne (sixteen times rebuilt by the Germans), the famous Crucifix left standing at Ypres in the midst of devastation, and the shooting of a German spy were some of the fascinating subjects of the pictures, accompanied by vivid description.

A hospital train, said the lecturer, was to his mind one of the most impressive things he had ever seen, not because of the wounded alone, but because of its marvellous organisation and amazing cleanliness; even in times of peace it would have been wonderful.

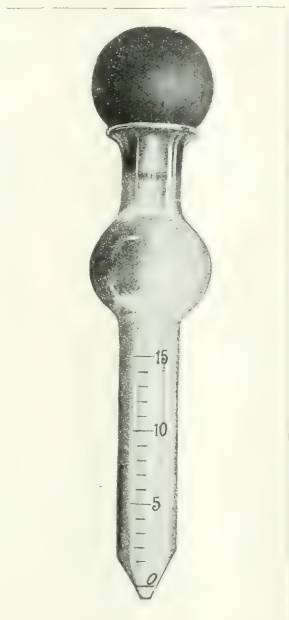
He gave an amusing description of a French soldier embracing an English Tommy, much to his discomfiture, the latter only grunting, "Take a fag."

Then followed pictures of armoured cars, dug-outs at the Dardanelles, Zeppelins, and English and German aeroplanes. The beautiful slides, to aid a brilliant lecturer, caused two hours to pass all too quickly. No one, said the Rev. Hugh Pope, was so frightened of German frightfulness as the Germans themselves.

PRACTICAL POINTS.

New Urethritis Syringe.

Syringes of the piston type, such as are usually prescribed by surgeons in their offices, or in the genito-urinary out-patient departments of hospitals, are a source of much annoyance and often the cause of negative results, says the *Modern Hospital*. The uneven working of an unevenly ground syringe-piston makes it difficult to regulate the pressure, and the charge is often injected with such force as to cause laceration of the mucous membrane.



GRADUATED URETHRITIS SYRINGE.

Through this laceration, the germs frequently penetrate deeper tissues, thus increasing the danger of creating a chronic condition.

The syringe illustrated here overcomes the objections pointed out, as the bulb permits of gentle regulation, and by simply exhausting the air in the bulb the desired quantity of fluid is drawn up into the barrel and can be discharged under perfect control.

It is a syringe which is especially suited for treatment of gonorrhoea, because it permits of perfect regulation of the force of the injection

and is easily sterilised. The barrel is graduated to 1500 ($\frac{1}{2}$ oz.) which is large enough to distend the canal in order to medicate the entire membrane. The bulbous enlargement acts as an air chamber and prevents the fluid to be injected coming in contact with the rubber bulb; thus the injections of all the usual medications including nitrate of silver and argyrol are possible.

BOOK OF THE WEEK.

"LOVE'S HIGHWAY."*

This is the story of a family, consisting of a father, mother and twin daughters. About twelve years before its commencement the parents had been separated, each one retaining a daughter. The introductory chapter describes the meeting for the first time after their separation of the man and his wife.

"Stop rowing for a bit," said Wayne, and he spoke in such a very odd tone that his daughter glanced up in surprise leaning on her oars. "There's a boat coming from Bellaggio," he said, "and I think your mother is in it, and Alice." In a short time their two skiffs lay within an arm's length of each other on the still lake.

Diana heard her father say something like "How well you're looking, Agatha." And she heard the beginning of a reply, but no more, for she was staring with a passionate curiosity at the two pretty strangers under their sunshades of rose and amber and trying to realise that they were her mother and twin sister.

Diana at first felt oddly depressed at the encounter. She and her father had had a good time together and now this had come to upset it. She described her mother and sister as looking into "their" windows—"like Enoch Arden's." Alice had lived a much more conventional life with her mother than had Diana, and later on when she joined her father and sister in New York, she came to appreciate the new life to which Diana introduced her, and quite frankly made up her mind to have the best time she could before her marriage with Lord Henry.

It is obvious from the first that Lord Henry, although professedly in love with his fiancée, was far more attracted by Diana, who on her part was more than half inclined to marry the rough breezy Westerner, Quintus P. Brown.

Lord Henry taxes her with this intention.

"How about you and this chap Brown? You are going to—well—marry him? What?"

Diana shook her head.

"I wish I knew. But I don't. I'll tell you in confidence that he'd like me to, and I'm rather tempted. He's a big man, Henry. At least he thinks he is. He's strong anyhow and ambitious. He ought to go far. And to tell the truth I should like to do my little bit to help him. It's an attractive job."

Lord Henry shifted his feet, and looked down at them distastefully making grumbling noises.

"I'll just tell you something, and don't you forget it either: Simplicity and directness are qualities of the mind not of the body, and they can live and flourish in London, or in Paris or in New York just as well as in—what's the place, Idaho? Wyoming?"

Diana tells him she wants both to be and do, and "as far as I can see now, Quintus Brown—oh, dear! that name worries one so, Quintus Brown offers me the best chance for both things."

Alice is of quite a different character and cynically asserts her desire for the advantages that her marriage with Lord Henry will bring her.

Diana remonstrated with her for her flirtations, and she promises to amend.

"I'm not a fool," she said, "and I don't mean to lose Henry Broid. When the next man begins to say pretty things I shall say to myself: My dear, the Duke is a very old man and Lord Denforth though married has no children. Use a little self-control and you may one day be a duchess. I mean to be just as sweet as I know how to the Duke and Duchess, and to the Denforths too. I shall knit and smile and ask advice, and be the simple, humble, loving little bride-elect, and they will all think Henry has done very decently well for himself and help me socially later on when I need help."

But in spite of this determination on her part to climb it is Diana who in the end marries Lord Henry, though there are many complications and misunderstandings before this happy state of affairs is arrived at.

In reading this we remember with regret that it is the last work from the pen of Mr. Foreman, as it will be recollected that he lost his life with the sinking of the *Lusitania*.

H. H.

COMING EVENTS.

March 24th.—Meeting of Representatives of Central Committee for State Registration of Trained Nurses, 431, Oxford Street, London, 12 noon. Conference on Nurses' Registration Bill and the College of Nursing, 83, Pall Mall, London. 3 p.m.

A WORD FOR THE WEEK.

With aching hands and bleeding feet
We dig and heap by stone and stone;
We bear the burden and the heat
Of the long day, and wish 'twere done.
Not till the hours of light return
All we have built do we discern.

M. Arnold.

Does the road then wind up hill all the way?

Yes, to the very end.

Will the day's journey take the whole long day?

From morn to eve, my friend.

Christina Rossetti

*By Justus Miles Foreman. Cassell & Co., London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

THE NEED OF PROTECTION FOR TRAINED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It will be remembered that at a meeting of the National Council of Trained Nurses held in London on June 17th, 1915, I read a Paper on the necessity of co-operation and protection amongst nurses, and proposed the formation of a Trained Nurses Economic League.

Recent events have, I think, demonstrated how essential such a League is, if we nurses are to protect ourselves in the body politic, as the medical profession have done through the Medical Defence Union. I beg to enclose a *resolution passed on Tuesday by certificated nurses and hope that you will be able to find space for it in our journal this week.

Yours faithfully,

H. HAWKINS,

Acting Hon. Secretary,
Trained Nurses' Economic League.

STATE REGISTRATION FOR TRAINED NURSES AND THE COLLEGE OF NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—It seems to me the whole question to be considered can be stated in a few words. We all agree the nursing profession is in an unorganized and unsatisfactory condition, and always has been so, as there has been no *one* standard of training and the profession has had no safeguards; the War has called attention to and has emphasised the fact, and not only the nursing world but the general public now see that some remedy is called for. The Hon. Arthur Stanley suggests a palliative; it is always unsatisfactory to resort to palliatives. What we want is a radical cure. Palliatives often mask symptoms and so delay cure. State Registration seems the only radical and permanent cure. Nurses are such busy people, they have not much time for thinking, but this question so vitally affects us all that we *must* consider it and ask ourselves do we want a palliative or a cure for this unsatisfactory state? Surely the great benefit that State Registration has been to the midwives ought to help us to an answer.

Yours faithfully,

HARLIE FOSTER.

Amphill Square, N.W.

* Published on page 277.

LEAVE WELL ALONE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Nurses "at the front" have little time for general reading, though they may make time to read their BRITISH JOURNAL OF NURSING; may I, therefore, pass on for their benefit an item of interest I have culled for myself from the most interesting paper on the treatment of gunshot wounds read by Sir Berkeley Monihan before the Harveian Society of London, as an item to note and remember. The author says:—"One of the most sensational experiences in connection with all wounds, even the most trivial, is the inordinate length of time that micro-organisms may remain dormant in the tissues long after healing is complete. I have seen tetanus and gas gangrene develop in wounds many weeks after their infliction, when relatively trivial operations were performed on them for the purpose of extracting bullets, shell casing, or fragments of khaki cloth. Even the passive movement of a stiff joint in whose neighbourhood there is a healed wound may light up a raging septic process which threatens or takes the patient's life. It appears to be more especially in cases where compound fractures of bones have occurred at the primary injury that these grave troubles are apt to arise. A knowledge of the danger must warn us always to be on guard against premature surgical interference in wounds recently healed, or in sinuses which fail to close." The moral would seem to be, "Let well alone."

Yours faithfully,

SURGICAL SISTER.

REPLIES TO CORRESPONDENTS.

Correspondent, Oxford.—Trained Nurses are now permitted to act as lecturers in Home Nursing on behalf of the St. John Ambulance Association, but not in First Aid, unless they are in possession of the medallion and two labels gained since 1912. Owing to the lack of medical practitioners able to spare sufficient time for such matters the Association has temporarily approved of the employment of lay instructors who hold this medallion and two labels acting as lecturers in First Aid.

OUR PRIZE COMPETITIONS.

April 1st.—How would you arrange for the nursing and comfort of a patient with dropsical legs?

April 8th.—Describe briefly the structure of bone. How is bone nourished?

NOTICE.

If extra copies of this Journal cannot be obtained through newsagents, please order direct from the Secretary, BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., as it saves time. Price, One Penny weekly, and postage.

The Midwife.

CENTRAL MIDWIVES BOARD.

PENAL MEETINGS.

Special Meetings of the Central Midwives Board for the hearing of charges alleged against certified midwives were held at Caxton Hall, Westminster, on March 15th and March 17th. Sir Francis Champneys presided.

The results were as follows. Wednesday, March 15th:—

Struck off the roll and certificate Cancelled.—Elizabeth Astles (No. 17151), Hannah Eke (No. 15910), Emma Fox (No. 1474), Ann Hughes (No. 4478), Margaret Matheson (No. 20567), Phoebe Whitehouse (No. 1839.)

Judgment suspended. Bertie Fleming No. 391371.

Final Report on Interim Case.—Elizabeth Fisher (No. 12607), no action.

There were two separate charges against midwife Matheson, both of which included drunkenness. A particularly sad feature of the second charge, was that she had received two single girls—sisters—one only sixteen, at the same time into her house for confinement. The younger girl died. It was stated by the mother, who attended to give evidence, that she found the girl in a very neglected condition. She seemed ill and afraid of the midwife. In consequence of this she called in a doctor who ordered her immediate removal. This the midwife refused to allow till the next day, her defence being that owing to the bad weather she considered it would be unsafe for the girl to go. The midwife was defended by counsel and there was much conflicting evidence. The solicitors for the L.C.C. were also present. The case occupied over three hours.

An interesting question arose in the hearing of the charges against Midwife Astles, when both the Health Visitor and the Inspector of Midwives appeared to give evidence. The charge was one of neglecting to obtain medical assistance for an infant suffering from inflammation and discharge from the eyes.

It was elicited that the Health Visitor had visited the patient the day after delivery, and had treated the infant's eyes. She admitted having done this and said this course was approved by the medical men of the neighbourhood. She said that although this was her practice she always made it clear that she was not responsible. The Inspector of Midwives pointed out the undesirableness of such action, and the Chairman said he should write to the M.O.H. for the County, calling his attention to it.

In the case of Midwife Fleming which was defended by counsel, the charges were chiefly of neglecting to take pulse and temperature, and also "that you falsify your records." The Chairman said that these were lies of the worst

description, and that he did not trust a single entry. Her counsel urged the Board to give a lenient judgment in her case and incidentally remarked that the days of "Mrs. Grundy" were dying out.

Midwife Fox, aged 70, the Chairman decided ought to have a rest and be released from her duties.

Midwife Whitehouse wrote in answer to the charges against her that the Inspector had never before "chastised" her on account of the pulse glass.

MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at Caxton House, Westminster, S.W., on Thursday, March 16th, Sir Francis Champneys presiding.

Letters were received announcing the re-election of the following representatives to serve on the Board for the ensuing year: Royal College of Physicians, Sir Francis Champneys, Bart, M.D.; London Society of Apothecaries, Mr. Edward Parker Young, M.R.C.S.; the Incorporated Midwives Institute, Sir Shirley Murphy, F.R.C.S.

A letter was also received from the Clerk of the Council approving for the purpose of the apportionment of contributions from Local Supervising Authorities the balance of £3,009 12s. 9d. shown against the Board in the Financial Statement for the year 1915.

REPORT OF THE STANDING COMMITTEE.

The Standing Committee reported that they have carefully considered a large number of suggestions for the amendment of the Rules sent in by Local Supervising Authorities, Medical Officers of Health, Examiners, and others. It was agreed that the copy of the revised Rules initiated by the Chairman be approved by the Board, and that the Privy Council be asked to approve the same, and to order that the new Rules shall come into force on July 1st next for a period of five years.

A telegram and letters were received from the Acting Secretary of the Central Midwives Board for Scotland thanking the Board for the congratulations and good wishes sent to them by the direction of the Chairman.

A letter was received from the Society of Medical Officers of Health forwarding for the information of the Board certain resolutions passed by the Council at its last meeting calling attention to the position of Local Supervising Authorities in connection with the administration of the Midwives Act, 1902, and from the Clerk of the Council transmitting the letters referred to. It was agreed that the letter drafted by the Chairman be adopted and sent to the Privy Council.

A letter was received from the General Medical Council with regard to an apparent case of

"covering" an uncertified woman by a registered medical practitioner. It was agreed that the papers in the case be forwarded to the General Medical Council with a request that they will take such action in the matter as may seem fit to them, and that if so desired the Board will undertake to appear as prosecutors in the case.

The applications of the following institutions for approval as institutions in which midwives may be trained were granted: The Pemberton Nursing Institute, St. John's Park, Highgate, on the application of Mrs. Hannah Howden; the Home at 211, New King's Road, S.W., on the application of Mrs. W. A. Bryce, and the Jewish Maternity District Nursing Home, 24, Underwood Street, E., on the application of Mrs. Model.

The request of a certified [midwife for the return of her certificate, which had been forwarded to the Board by a nursing association in whose employment she had recently been was granted, "no one appearing to substantiate the charges alleged against her."

Dr. John Ingram was approved by the Board as Supervisor of the written examination held six times a year at Plymouth.

A letter was received from the Medical Officer of Health of Liverpool asking whether under the new Rule C. 1 (2) (b) the conceded four months period of training may be taken during the stipulated three years' training, and may form part of such training. It was decided to reply that there is nothing in the Rules to prevent the four months' midwifery training contemplated by Rule C. 1 (2) (b) being taken during the three years' general training and forming a part of it.

EXPECTANT MOTHERHOOD.

Lady Barrett (Mrs. Florence Willey, M.D.), gave her postponed lecture, in connection with the National Association for the Prevention of Infant Mortality, on Friday, March 17th. The subject was "Expectant Motherhood."

The lecturer dealt with some of the chief causes of miscarriage, syphilis, Bright's disease and lead poisoning.

The taking care of pregnant women was (she said) an urgent national necessity. Because pregnancy was a natural function, there were persons who seemed to think that it was rather an absurd thing to take any extra care of women in this condition. There were every year 1,000 deaths of lying-in mothers, most of which were due to preventable causes.

At this time, there was a right and justifiable demand that people should be protected from air-raids. The nation should hold itself responsible for the lives of mothers and children, by supplying every possible help at this period.

Puerperal fever, toxæmias of pregnancy and hæmorrhage could nearly always be avoided by adequate attention.

Midwives and health visitors were necessarily in touch with women early in pregnancy, and could do an enormous deal to secure that its

course should be healthy. The lecturer urged them to do as much as possible to obviate the minor discomforts.

Pregnancy was a physiological condition and ought to be compatible with perfect health. It was a mistake to tell women that they must expect this and that discomfort in their condition. The lecturer pointed out the advantages of nourishing food, fresh air, exercise and suitable clothing.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL MARYLEBONE ROAD, N.W.

At the recent annual meeting of the Governors of Queen Charlotte's Hospital, it was reported that, since the outbreak of war, over 1,600 wives of our soldiers and sailors had been admitted to the wards of the hospital, or attended and nursed in their own homes, at a cost to the hospital of nearly £3,000. The great importance at the present time of doing everything possible to save the children was urged; and Mrs. Christie Miller, who presided at the annual meeting of the Ladies' Association, referred to the very low death rate of infants born in the hospital. During the past ten years the average rate was 20 per thousand only. A resolution was passed requesting the committee of management to appeal for funds to meet the deficiency of £2,700 incurred during the past two years.

"THE CUSTODIAN" INFANTS' WEIGHT CHART.

We have pleasure in drawing attention to "The Custodian" Infants' Weight Chart covering the period of one year, with which we feel sure midwives and maternity nurses will be delighted. The designer finds that they are much appreciated by the medical men for whom she has worked and so has put them on the market. They encourage the mother, or child's nurse to weigh the baby regularly, and to keep the neatly dotted weight curve started by the maternity nurse. They are obtainable, price 6d., from Messrs. Garroulds, 150, Edgware Road, London, W., and the Hospitals and General Contracts Co., Ltd., Mortimer Street, London, W.

LYSOL MEASURING CAPS.

We are informed by Lysol, Ltd., Crayford Mills, Warton Road, Stratford, E., that owing to the Government having commandeered, for the time being, all the available stocks of aluminium in the country and prohibiting the use of same under the Defence of the Realm Act, they have been very reluctantly obliged to cease issuing metal measuring caps with their Lysol. The firm hope this is only a temporary restriction and that it will soon be waived. We are sure that midwives and nurses with whom these familiar and convenient measuring caps are great favourites, will appreciate the reason which gives rise for their absence, and will cheerfully put up with the temporary inconvenience.

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EDITORIAL.

WORK FOR DISABLED SOLDIERS.

There are many claims upon the generosity of the public just now but none comes with greater force, or deserves more universal support, than the effort which is being made, in connection with the Lord Roberts Memorial Fund, to extend the movement for providing workshops for disabled soldiers and sailors.

The late Lord Roberts was a military genius of the first rank, a patriot whose advice the nation has had to pay dearly for ignoring, and whose exceedingly winning personality made him adored by the men he commanded, and respected and beloved by all with whom he came in contact, not least by the members of the nursing profession. On the ground alone that the memorial is designed to honour the great soldier for whom no honour can be great enough, its widespread support should be ensured.

But the object of the memorial is also one which must commend itself to every British man and woman. It should be regarded as a debt of honour to the sailors and soldiers whose incomparable valour has preserved these shores from the horrors of invasion, by a foe whose excesses and cruelties are a by-word throughout the civilized world.

It is much that our brave wounded should be restored to health by the skilled care they receive in our hospitals, but it is not enough.

A man in the vigour of life demands not only the right to live, but the right to work, and there is no place for them in the ranks of ordinary workers. The halt, the maimed and the blind, however physically vigorous, cannot compete in the open market with men not handicapped by such disabilities, although they may be pro-

ductive workers under favourable circumstances.

It is here that the Incorporated Soldiers' and Sailors' Help Society (122, Brompton Road, S.W.) finds an opportunity of service in promoting Workshops Extension for the disabled men of both services, in connection with the Lord Roberts Memorial Fund, and its collecting sub-committee appeal for £100,000 to complete the memorial at the earliest possible date. This sum is urgently needed to extend the workshops, for there are not nearly enough to meet present needs, and the number of permanently disabled men increases daily.

"Permanently crippled! Long years of uselessness to be faced! Out of the running for the rest of his life! How could we face such a prospect for ourselves or for those we love? And yet thousands of British men are facing it to-day, men who came forward when their country needed them. . . .

"These workshops give back to the disabled men that sense of independence and self respect and contentment which only useful employment can assure. Once acquired, and fitted up with the necessary machinery and fittings they pay their own way." The factories inaugurated at the close of the South African war are specially equipped and fitted with machines adapted to the use of the maimed. There are machines workable by one armed men, others for legless men, others for the partially paralysed, so that the men in these shops become as useful as many an able-bodied worker.

What better memorial could there be to a friend or relative fallen in the war than to aid these crippled men to take their place in the ranks of productive workers? If those we care for have been preserved in the perils of mortal combat how can we better express our thanksgiving than by supporting these workshops?

A SIMPLE AND PRACTICAL METHOD OF CATHETERIZATION.*

By IDA M. GALLIE, R.N.,

Superintendent, Conemaugh Valley Memorial Hospital, Johnstown, Pa.

Those who have taught pupil nurses to catheterize, and who have watched their work closely, will, I believe, agree that the points in the procedure most difficult for the average pupil to grasp are, *i.e.*:—(1) How to keep their hands from conveying infectious material into the meatus; (2) to be able to find, easily, the meatus urinarius, especially in puerperal patients, where the labiae are swollen. To remedy this I have adopted the technique outlined in the succeeding paragraphs.

EQUIPMENT.

One sterile tray containing:—

(1) One sterile pan, containing two perfect glass catheters, each having five inches of rubber tubing attached to its distal end.

(2) One sterile pitcher containing one quart of sterile antiseptic solution of proper strength for flushing.

(3) One sterile wide-mouth glass bottle, capacity at least one quart, of special design for this purpose only.

(4) One package of three sterile towels.

(5) One pair of good sterile gloves.

Additional supplies:—

Douche pan.

Draping sheet.

Screen for bedside.

PROCEDURE.

(1) The pupil takes tray and other supplies to bedside, and places screen around bed.

(2) She washes her hands carefully, and dries them on clean towel.

(3) Puts patient on douche pan, drapes with clean sheet, folding bed covers to foot of bed.

(4) Places the tray at patient's feet.

(5) Opens sterile packages—puts on sterile gloves.

(6) Places one sterile towel over pubic region and one over thigh next the pupil.

(7) Picks up handle of pitcher with extra sterile towel with right hand. With thumb and forefinger of left hand separates labiae at the uppermost point, and holds them well separated.

(8) The solution is poured from pitcher in right hand with some force, so that the flow strikes against the meatus, thereby opening it, and at the same time washing infectious material downward from it, thus cleansing the orifice.

(9) Still holding the labiae apart—not letting them fall together for one instant—the pupil sets the pitcher on the tray, picks up the rubber catheter at the rubber end, and kinks the rubber as she inserts the catheter into the meatus.

(10) Then releasing the thumb and forefinger of left hand, with them she holds rubber end of catheter closed until, with right hand, she places the bottle in douche pan, directing rubber end into it, allowing the urine to flow directly into a sterile container, thus providing a sterile specimen if same is wanted for examination.

The rest of the technique is the same as is usually taught: pressure over the supra-pubic region, and reaching recesses of the bladder by gentle turning of the catheter to facilitate the flow of urine.

The catheter must always be inspected before insertion for cracks or imperfections, and for that reason, or in case of accident, I instruct pupils to sterilize two catheters for each catheterization.

After the urine ceases to flow, the pupil flushes the labiae, removes patient from the douche pan, dries the buttocks, and makes the bed toilet.

The gloves must be in good condition, and in putting them on the nurse must observe a strict rule, as follows: the glove must be put on without the bare hand or fingers coming in contact with the outside of the glove. This method is taught, I believe, in surgical technique in all schools for nurses, therefore I shall not go into detail in discussion of the procedure.

THE TURKISH WOUNDED FROM THE SUEZ CANAL.

Professor F. C. Madden, Kasr-el-Ainy Hospital, Cairo, writing in the *Lancet* concerning the care of the Turkish wounded from the Suez Canal, says:—"The men generally were in good condition, and not by any means starving, as had been anticipated. The food consisted largely of a hard satisfying biscuit, and the men, though very dirty and dusty and travel-stained, showed very few signs of having encountered any real hardships on their trek across the desert. Their equipment was wonderfully complete and practical. Each man carried a book of identification, a 'housewife' (containing needles, thread, buttons, &c.), soap, tooth-brush, and even a small copy of the Koran. They were also provided with first field dressing. The men were all very grateful for the attention they received, and we never had the least trouble with them from a disciplinary point of view."

* In the *Modern Hospital*.

OUR PRIZE COMPETITION.

HOW WOULD YOU ARRANGE FOR THE NURSING AND COMFORT OF A PATIENT WITH DROPSICAL LEGS?

We have pleasure in awarding the prize this week to Miss Edith Hartley, Edmonton Military Hospital, Silver Street, Edmonton, N.

PRIZE PAPER.

If called to nurse a case with dropsical legs my first duty is to take all particulars and report symptoms, so that the doctor may diagnose the case. Dropsy usually occurs in cases of (1) cardiac or pulmonary disease, (2) renal disease, (3) anæmia.

The patient may be pregnant; if so, I should ascertain for how long, and then advise her to take care, and put her to bed and inform the doctor. I should test the urine for albumen and blood, and ascertain if she is passing sufficient urine; also if her bowels are regular. (2) Prepare the necessary things in case eclampsia or albuminuria are present. (3) Pay careful attention to breasts, bladder, and bowels, and provide a padded spoon. (4) The patient must not be left. The child must be nursed away from her, and not breast-fed. In an ordinary case of cardiac or pulmonary disease, keep the patient confined to bed, nurse her on a firm mattress, and provide a bed-rest, and a pillow to raise the feet. Room to be kept to a steady temperature of 60° F. or 15° C., a bright fire burning, patient kept warm with a blanket kept next to her, and a flannel nightgown. The legs may be wrapped up in cottonwool; hot bottles, if used, must be carefully protected, and never placed too near the legs, the chief points now being (1) rest, (2) diet, (3) drugs.

The doctor may use Southey's tubings, when the legs are prepared with an antiseptic, using a local anæsthetic, legs punctured, and tubes inserted, thus draining off, drop by drop, fluid which is causing pressure. When the fluid has ceased to flow, withdraw the tubes, and cover over with a film of cottonwool and collodion; never bandage without a doctor's orders. Throughout the whole period, elevation, rest, diet, attention to bowels and bladder strictly adhered to. Urine tested daily to see if albumen is increasing or decreasing; watch the colour of the patient's face. The doctor will order diaphoretics to make the skin act, or diuretics to increase the flow of urine, or watery purgatives. He may also order digitalin, if the patient is suffering from heart trouble. The patient must not be allowed the least exertion. Food given in small quantities frequently, but very little fluid. No garters to be worn;

nothing tight round the legs, or phlebitis may set in, through pressure on the veins. The following diet is recommended:—Meat juice, jellies, alcohol in urgent cases, egg-flip, and strong coffee and milk. A nurse must have at hand nitrite of amyl and oxygen, and strong black coffee. Much can be done for a patient's comfort by supporting her back and placing a pillow under her feet. If she has a tendency to slip down in bed, fix a padded board at her feet and tie to the head of the bed. If, on the other hand, the swelling is due to renal disease, diaphoretics, diuretics, and watery purgatives, warmth to the loins (when she may be wrapped in flannel), elevation to the feet, and imperial drinks may be given freely, to flush the kidneys. If due to anæmia, plenty of outdoor exercise, not much walking, no cycling, a good nourishing diet, and tonics containing iron, to make up for the deficiency of hæmoglobin in the red corpuscles. If due to an aneurism, absolute rest, starvation diet, and drugs will prolong a patient's life. Temperature, pulse, and respiration taken four-hourly, and no tight corsets to be worn.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lucy C. Cooper, Miss M. McKenzie, Miss J. Hooper, Miss P. Arnold.

Miss Lucy C. Cooper writes:—"Where the dropsy is due to kidney disease, the patient may or may not be able to be placed in the recumbent position. In heart disease producing this condition there is, of course, the heart condition itself to be considered. The patient must be on a water pillow, with one firm pillow to support the legs, and the foot of bed raised from four to nine inches, and the patient's back must be well supported. It may be necessary to have a flat-topped cradle, and have a pillow placed on it to enable the patient to sit leaning forwards, resting arms, and also head if necessary, on the cradle. Raising the foot of bed slightly does away with that very miserable feeling of slipping down in the bed, and prevents a great deal of the restless condition of a heart patient, who may be constantly wanting to be raised. If puncturing of the legs is performed, each limb is placed on a pad covered with mackintosh, then wood-wool or tow and wool pads are made the length required, and these are placed under each leg to absorb the serum, and changed when necessary."

QUESTION FOR NEXT WEEK.

Describe briefly the structure of bone. How is bone nourished?

NURSING AND THE WAR.

The illustration on this page shows Miss Alice Wainwright, a Sister in Queen Alexandra's Imperial Military Nursing Service Reserve, leaving Buckingham Palace after being decorated by the King with the Royal Red Cross. She is manifestly delighted to show the much coveted decoration to the friends who are waiting for her.

The risks run in the Channel crossing to France have always been great, but the torpedoing of the *Sussex* has at last taken toll of innocent women and children, as well as men, about 50 lives having been lost, amongst them several American citizens.

lescent Sisters, was opened 'within the zone of the Armies.' H.R.H. Princess Louise, Duchess of Argyll, lent her beautiful house in the midst of the Forest of Hardsot for this purpose. On January 26th, 1915, the first patients were received, and by January 26th, 1916, the total had reached 683. These figures speak for themselves and show that such a convalescent home was certainly needed.

"The house is particularly well suited for the purpose—a long, low building situated on high ground in a setting of fir trees, whose green and brown colouring and sweet scent are most restful to the senses. It has a rough-cast exterior with red tiled roofs and casement windows, and is



Photo.]

[London News Agency.

MISS WAINWRIGHT SHOWING RED CROSS.

As usual, there were some wonderful escapes. Mr. W. O. Snelling, a member of the Norwich Town Council, who was one of the passengers on board the *Sussex*, pays tribute to a plucky English nurse. He begged her to go with the other women in one of the boats. "No," she replied, "give my place to a man with a family of children. I am only a single woman." With a medical student who was on board she worked with great courage in tending the wounded and dying, although she herself was ill.

H.R.H. PRINCESS LOUISE'S CONVALESCENT HOME FOR NURSING SISTERS.

The first Annual Report, dated January, 1916, says:—"Just a year ago this Home for Conva-

surrounded by a stone-paved terrace bordered with grass, and in front a low stone wall in the centre of which are steps leading down to the drive. A Union Jack and Red Cross flag at the front gate denote its present use. The house has many rooms and is divided into two wings, between which is a fine billiard room, which is used as the dining-room, and can seat about 30 people or more on occasions. There is another small sitting-room, a comfortable hall and a drawing-room. A pleasing feature of all the rooms is the beautiful open fireplaces—a welcome sight in France!

"The Home is never without patients; the most it can take is 22 and it very often reaches that number. Some stay as long as six weeks, some come only for a night; but the usual period is

for one or two weeks. The usual daily routine is as follows:—Breakfast in bed at 9 a.m.; this is taken up to their rooms on trays and consists of tea and coffee, eggs, bacon or ham, marmalade, rolls and butter. They generally get up and go for a walk about 11 a.m., and luncheon is at one o'clock, consisting of soup or fish, roast beef or mutton, or chicken, various puddings, stewed fruits, cheese and coffee. At about 2.30 to 3 o'clock an ambulance comes out from Boulogne (11 miles distant) bringing any fresh patients or Sisters who have a 'half-day' off duty and would like to spend the afternoon with us. The mail-bag generally arrives by this ambulance, and people and ambulances usually keep coming and going until tea-time at 4.30. Tea consists of bread cut from the very long French loaves, rolls round and crescent shaped, jam, butter, cakes (generally home-made), and tea. About 5.30 or 6 p.m. the afternoon ambulance returns to Boulogne with any patients who may be returning 'fit for duty,' and the 'half-day' visitors.

"The 'Despatch Rider' plying between Boulogne and Etaples (some 25 miles apart) usually arrives at about 5 o'clock, bringing a quantity of daily and weekly papers kindly given by the British Red Cross Society and much appreciated by the occupants of the Home. After tea in winter-time they work and read, and play Bridge or 'Patience,' and do picture puzzles. Letter-writing also occupies a large portion of their time, for in Hospital, as everyone knows, letters never get written. In summer, of course, the woods and sand dunes, whose beauty and variety can never be realised unless seen, afford endless attraction until dinner-time. This meal is at 7.30 and is very simple, consisting of one meat course, with vegetables and a pudding, cheese, biscuits and dessert, followed by a cup of chocolate. It should here be mentioned that the Home is fortunate in possessing a particularly good French cook in the person of Madame Famchon, wife of the Duke of Argyll's old French retainer, who is not above adapting herself to English dishes beloved by English people.

"The new-comers then hurriedly go off to bed to enjoy nice fires in their bedrooms in winter, which are an especial treat in this country; while the older inhabitants resort to the same amusements as before dinner. We are hoping soon for a piano, which will be a great asset. For the first few days they seem too tired in body and mind to care to do anything, and so many are unable to sleep from the strain they have been going through. Those from casualty clearing stations have generally the sound of the guns still in their ears, and are worn out for the time being. But very soon a change takes place, and in three or four days they begin to want to take long walks; and eat and sleep better. The Medical Officer attached to the Home is from 25 General Hospital, about 2½ miles away. We are connected by telephone to this hospital, so that he can be sent for at any moment if necessary, beyond his ordinary visits to the patients.

"It may be of interest to mention the number of hospitals from which we have received patients, and a few other particulars. The Home stands midway between two large hospital areas, Wimereux and Boulogne to the North, Camiers and Etaples to the South; the latter, specially, are vast camps, almost towns, of hospitals, lying under the hills. Our patients also come from the casualty clearing stations, which are the hospitals nearest to the fighting line; and from hospital ships, barges and ambulance trains, from St. Omer, Calais, Abbeville, Le Treport, Rouen, Versailles, and all parts of France. These hospitals represent all the different branches of the Nursing Services in France: Army Regulars, Territorials, Reserve, Military Probationers, Australian, Canadian and American Units, British Red Cross Society and St. John Ambulance, and V.A.D. It can be easily realised that the various uniforms present a very picturesque scene when gathered together at meal times—with the scarlet capes of the Regulars, the grey and scarlet of the Territorials and Reserve, the dark blue dresses with red collars and cuffs and brass buttons of the Canadians, the blue of the Red Cross and black and grey of St. John, and the bright touches of colour from the different American units."

EXTRACTS FROM THE REPORTS OF URGENCY CASES HOSPITAL FOR FRANCE.

The past month has been the busiest for the hospital since it came to France. On the morning of February 13th, I received orders to clear the hospital as far as possible. Accordingly, 68 patients were sent into the interior next day—only 16 serious cases remained. No more wounded were received until February 23rd. Since then 227 have been admitted, making a total of 236 for the month (February 11th to March 10th); 1,594 since the hospital came out.

All these patients have come from Verdun and the surrounding parts. They were brought from Bar-le-Duc in ambulances, and generally arrived at night. On the 29th, we received 33 patients. Many of the wounded have only their field-dressings on their wounds. Some of them have been in a terrible condition from exposure and want of food. One poor fellow had lain in the water in a shell-hole for two days before he was found by the stretcher-bearers.

The cases have nearly all been serious, and the wounds—on the whole—have been more terrible than anything we have had to treat. Most of the wounds were from shells, and the proportion of compound fractures has been very high. . . .

I regret to say that gas gangrene has been very rife, and of a peculiarly virulent form. Amputation has, unfortunately, been very necessary in some of the cases, and even then it has frequently proved ineffectual in arresting the progress of the disease.

During the month 100 operations have been performed. . . . In addition . . . numerous minor operations have been performed in the wards. There have been eight deaths (total, 54).

I have nothing but praise for the way the whole staff has worked during this trying time. These are days and nights of continuous toil, but all have done their best. During the two Zeppelin and two aeroplane raids on Revigny the staff retained great composure. Special mention should be made of those on duty at these times in the huts, which would have afforded but little protection from a bursting bomb. The quiet and sympathetic behaviour of all on duty did much to assuage the fears of the wounded, confined to their beds and unable to move. Fortunately, the two bombs aimed at the hospital fell wide, but the experience was none the less very terrifying.

FRENCH FLAG NURSING CORPS.

Feather pillows, if you please. We wonder if we announced a "shower" if we should be snowed under at 431, Oxford Street. In every letter we receive from the Sisters in the War zone, the same cry goes forth—feather pillows and pillow slips are the urgent need. Sister Wadsworth, R.N.S., has had a fine haul. The kind minister of her home church has collected money and sent her 58 pillows—a most welcome gift; and the Vicomtesse de la Panouse has most kindly promised to send a good supply of pillow slips from the Croix Rouge Francaise. For the benefit of the dear old ladies at the Barnet Workhouse we quote as follows:—"We received such a nice lot of things when the bale was unpacked last week. We are very thankful to have them, and the grey flannel bed jackets with scarlet collars are lovely. My patients just love them, and those who wear them are much envied by others. I feel I should like to write and thank the givers. . . . I read in the B. J. N. of the kindness of the old ladies in Barnet Workhouse in working for the wounded French soldiers, and I wonder if by any chance they sewed these beautifully made jackets? . . . We are very busy since the Verdun attacks began, we have been simply overflowing with wounded, and there is much to be done. I just have to do the most necessary things. . . . The wounds are terrible, and as long as I live I think I shall hear the cries of pain, and often the sobbing of these brave men, when they are dressed. My surgeon does all these big dressings himself and after he has put on the gauze, I put on the wool, and do the bandaging, and he expects that bandage not to move until he does the dressing again perhaps some days later. He looks at it every day to make sure it has not slipped—as many wounded have half their bodies covered with bandages. The French surgeons expect much of English nurses, it is necessary, therefore, that we should know our work well, as we are thoroughly tested. . . . My greatest treasures are the bed rings you sent, they are in constant use."

Miss Mabel E. Jeffery (cert. Fir Vale Hospital, Sheffield) will leave for France on Friday, March 31.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

St. John's V.A.D. Hosp., Eaton Square.—Miss L. McKinnon, Mrs. D. Matthews.

Bowling Red Cross Hosp., Malpas, Cheshire.—Miss M. Hawkins.

Auxiliary Hosp., Loversall Hall, Doncaster.—Miss A. C. Middleton.

County of London War Hosp., Ipsom.—Miss A. E. Price.

V.A.D. Hosp., Newton Abbot.—Miss E. Law. *Star and Garter, Richmond.*—Mrs. C. Scott, Miss N. Cameron.

Cold Hayes Hosp., East Liss, Hants.—Mrs. K. H. Lindop.

St. John's Hosp., Hastings.—Miss M. Brereton. *V.A.D. Hosp., Brancepeth Castle, Durham.*—Miss N. D. Hoggett.

Hill House Hosp., Warwick.—Miss F. Turner. *Hosp. for Officers, Palace Green, Kensington.*—Miss M. Conalty.

Red Cross Hosp., Bilney Manor, East Winch.—Miss E. Owen Robyns.

The Infirmary Red Cross Hosp., Wimborne.—Miss E. M. Underwood, Miss E. M. Dowling.

Oakley Manor Auxiliary Hosp., Shrewsbury.—Miss E. Lewis.

V.A.D. Hosp., Woodbastwick Hall, Norwich.—Mrs. B. Priestly.

Rivercourt Red Cross Hosp., Maldon.—Miss E. Nourse.

V.A.D. Hosp., Weedon Favell, Northampton.—Miss A. Cullinan.

Auxiliary Military Hosp., Elmfield Hall, Accrington.—Miss E. Sullivan, Miss A. Rigby.

The Priory Military Hospital, Frimley.—Miss A. A. Hodgkinson.

Auxiliary Military Hosp., East Finchley.—Miss M. M. Maitland, Miss F. E. Solomon.

V.A.D. Hosp., Swanton House, Melton Constable.—Miss E. Varney.

Red Cross Hosp., Waterlooville, Hants.—Miss A. G. Land.

Mrs. Jamieson's Military Hosp., Rye.—Miss A. M. Lyon.

V.A.D. Hosp., Eastcote, Middlesex.—Miss E. E. Ingram.

The Hill Hosp., Lower Bourne, Farnham.—Miss E. Stokes.

The Warren Hosp., Leamington.—Miss E. H. Plunkett.

Clandon Park, Guildford.—Miss A. L. Jackson. *Hillsborough Hosp., Harlow.*—Miss B. MacMurtrie.

ABROAD.

The Duchess of Sutherland's Hosp.—Sister E. Scally.

St. John's Brigade Hosp.—Sister M. Mackinnon. *Malo les Bains, Friends' Ambulance Unit.*—Sister O. Matthews.

Hôpital 222, Mentone.—Sisters E. L. de Wind, H. S. Rowe.

Hôpital 20, St. Germain-en-Laye.—Miss M. L. Powell.

CARE OF THE WOUNDED.

We are indebted to the Editor of *The Red Cross* for the interesting picture showing how the French care for their wounded, depicting a patient being lowered into one of the Seine barges. These barges have been of the greatest benefit to the seriously wounded, as transit by means of them is much smoother and easier than by any other method.

At the Home for Disabled Belgian Soldiers, 45, Courtfield Gardens, Kensington, S.W., one of the Homes maintained by the Wounded Allies Relief

DISINFECTION OF HOSPITAL TRAINS.

Experiments have shown that high temperature combined with formalin vapours does not kill pus cocci, tetanus bacilli, and anthrax spores, though they were exposed to the disinfectant from three to six hours. The Germans have now devised a new method of disinfection for hospital trains. It consists in high temperature combined with a rapid withdrawal of moisture by the creation of a vacuum and with the use of formalin vapours. The apparatus is a large metal cylinder 23 meters long and 5 meters in diameter, and the covers at both ends can be hermetically closed. The car is pushed into this cylinder and the latter tightly



HOW THE FRENCH CARE FOR THEIR WOUNDED.

A PATIENT BEING LOWERED INTO ONE OF THE SEINE BARGES.

Committee, of Sardinia House, Kingsway, W.C., important work is being done to help the inmates to become self-supporting by teaching them the arts of basket-making and poker-work, and already many of the disabled men are turning out well-made baskets of various kinds, and useful articles in poker-work, including boxes suitable for cards, counters, trinkets, and so on, made from wooden cigar boxes. Gifts of these boxes will be gratefully received either at Sardinia House or at the Home. By this means it will be possible to devote a larger share of the profits to the direct benefit of the workers.

closed. The apparatus is heated by steam by means of a system of tubes. The formalin apparatus is attached to the under side of the cylinder, and the air is pumped out of the cylinder by means of an electro-motor connected with a vacuum pump. While the apparatus is heated, the air is gradually withdrawn until water begins to boil at 40 deg. C. The sudden withdrawal of moisture is fatal to the bacteria. The injection of formalin vapours makes complete disinfection a certainty. After an exposure of the car to this treatment for five or six hours, no living germs could be found.

STATE REGISTRATION AND THE NURSING COLLEGE.

The Conference agreed to by the Hon. Arthur Stanley, Chairman of the Joint War Committee, between the representatives of the proposed College of Nursing, to consider the Nurses' Registration Bill, and the amendments proposed by Parliamentary draughtsmen, in order that the supporters of the Bill and the College might arrive at an agreed measure, was held at 83, Pall Mall, S.W., on Friday, March 24th, at 3 p.m. By invitation of Mr. Stanley and his supporters the scope of the Conference was considerably enlarged.

There were present the Hon. Arthur Stanley, in the chair, and the following advisers:—The Hon. Sir Charles Russell, Sir Cooper Perry, Sir Henry Burdett, Miss Swift, R.R.C. (Matron-in-Chief, Joint War Committee), Miss McIntosh (St. Bartholomew's), Miss Haughton (Guy's), Miss Lloyd Still (St. Thomas's), Miss Darbyshire (St. Mary's), Miss Montgomery (Middlesex), Miss Rosalind Paget, Miss Amy Hughes, Miss Vincent, R.R.C. (Leicester Royal Infirmary), Miss Seymour Yapp (Poor Law Hospital, Ashton-under-Lyne), Dr. Turney (Chairman Nurses' Co-operation), Mr. G. O. Roberts (St. Thomas's), and Mr. E. W. Morris (London).

Representing the Central Committee for the State Registration of Nurses, there were present:—Major Chapple, M.P., in charge of the Nurses' Registration Bill; Dr. E. W. Goodall and Mrs. Bedford Fenwick, conjoint Hon. Secretaries, and Mr. Comyns Berkeley, Hon. Treasurer. *Ex-Officio*:—Dr. Goodall also represented the British Medical Association. Miss Heather-Bigg (Matrons' Council), Dr. Bezly Thorne (R.B.N.A.), Miss M. Brey (Society for State Registration of Trained Nurses), Dr. Foord Caiger (Fever Nurses' Association), Professor Glaister (Association for Promoting the State Registration of Nurses in Scotland), Dr. McGregor Robertson (Scottish Nurses' Association), Miss Reeves (Irish Nurses' Association).

There were also present by invitation Miss Stansfeld (Chief Woman Inspector L.G.B.), Miss Finch (University College Hospital), Miss Cox Davies, R.R.C. (Royal Free Hospital), Miss Edith Smith (Westminster Hospital), Lady Hermione Blackwood (Ulster Branch I.N.A.), Miss Barton, (Poor Law Infirmary Matrons' Association), Miss Cancellor (National Union of Trained Nurses), Miss Esther Young (late Matron Guy's), Miss D. S. Coode (St. Thomas's), Miss M. B. Monk (London), Miss C. Hoadley (Nurses' Co-operation), Miss E. J. Clark, Miss Shank (two London General Hospital, T.F.N.S.), Mrs. Lancelot Andrews (League St. Bartholomew's Hospital Nurses), Miss Musson, R.R.C. (General Hospital Birmingham Nurses' League), Miss Ashford (Queen's Hospital Birmingham Nurses' League), Miss Ellis (Royal Infirmary Leicester Nurses' League), Miss Bodley (Midland Matrons' Association), and Captain Butler, C.V.O.

THE CHAIRMAN'S OPENING REMARKS.

MR. STANLEY, in opening the Conference, said that the two former Conferences had had to be carried on without the Scheme being in front of the meeting. Now, for the past few days they had had the Memorandum and Articles of Association before them, and he thought it would be the best procedure to ask for such criticisms as had suggested themselves to those who had studied them, and to ask for such suggestions as would make it possible for those who viewed the thing on the whole with a favourable eye to give it their whole-hearted support.

POSITION OF CENTRAL COMMITTEE FOR STATE REGISTRATION OF NURSES.

DR. MCGREGOR ROBERTSON (Scottish Nurses' Association) said that at a meeting held that morning of all the delegates of the Central Committee for the State Registration of Nurses, he was asked to submit some preliminary considerations. He thought there had been some mistake in the interpretation of some remarks made at the previous meeting. It was thought by some that objections were raised to any organisation of nurses while so many of the trained nurses of the country were preoccupied with matters connected with the war. That was not so. There was no question of that provided only that organisation proceeded on certain lines. The nurses who had left the country, and others who were preoccupied, had left in the Nurses' Registration Bill their last will and testament, embodying their views as to the direction in which State organisation should take place. No one would offer objection to organisation on those lines. Further, that last will and testament was left in the hands of trustees who were instructed to observe their wishes, and to guard their interests.

The Central Committee, consisting of the representatives of the organised societies of nurses in the three Kingdoms, was formed after a Conference to carry out the details of an approved scheme, and it had embodied in a Bill the details of those expressed declarations and wishes of the nurses.

That first Conference on June 28th, 1909, was held with the object of seeing whether the three Bills for the Registration of Nurses then before Parliament could not be brought into line. That Conference approved certain propositions. It adjourned and met again on July 26th, 1909, and reaffirmed those propositions as fundamental, the basis upon which the members present were prepared to proceed to consider the details of reorganisation.

A third conference was held on January 25th, 1910, and in the meantime progress has been made, and other organisations desired to be associated with the Committee, so that at this meeting all the nationally organised associations of nurses in the three Kingdoms were included. Before proceeding to discuss the details of any Bill they reaffirmed their belief in the need for State Registration and adopted certain resolutions carried substantially at the first Conference.

These resolutions were:—

(1) "That this Conference is of opinion that State Registration can only be satisfactorily carried out by a single portal system for the United Kingdom, provided that the various parts of the United Kingdom be adequately represented; and that the principle of administrative decentralisation be not necessarily excluded.

(2) "That under a single-portal system nurses should be admitted to the Register only after (a) a three years' course of training with a definite curriculum prescribed by a Central Nursing Council, conducted in recognised hospitals and nursing schools, and (b) having passed a uniform State examination conducted by examiners appointed by, and under the supervision of the Central Nursing Council at suitable centres throughout the Kingdom."

These constituted a declaration by the nurses of the three Kingdoms of what they considered the vitals, the essentials, the fundamentals of any scheme for State Registration of Nurses.

The Central Committee, not a self-elected body but a body composed of delegates appointed by each of the constituent societies, were so wishful that there should be an agreed Bill, that they should be able to go forward and present to Parliament a Bill agreed upon by the British Red Cross Society, the Order of St. John, and the Central Committee, that they had proceeded under the guidance of Major Chapple to consider how the Memorandum and Articles of the College could be engrossed within that Bill, so that it could be established by legislative enactment, coincidentally with the obtaining of a Nurses' Registration Act. He did not think the Central Committee could go further than that in its endeavour to promote the interest of nurses, as well as of the suffering public. He mentioned it as a proof of the sincerity of that Committee in its desire to promote union if union could be attained. If the fundamental principles it had laid down were accepted not merely as convenient forms of expression but as a definite basis to which reference could subsequently be made, then the Central Committee would go forward to see by what means and in what manner these things could in the speediest way receive legislative sanction.

RESOLUTION.

DR. MCGREGOR ROBERTSON then said he would submit a Resolution, if so permitted:—

"That this meeting affirm as a basis of any possible agreement the necessity of (1) State Registration after (2) a uniform curriculum during (3) a three years' training completed (4) by a single-portal examination."

He made this proposal on behalf of the Executive Committee, and if the meeting affirmed those principles every endeavour would be made to adjust matters of secondary importance between them.

MISS REEVES (Irish Nurses' Association), seconded the Resolution. II

PROFESSOR GLAISTER (Association for promoting the Registration of Nurses in Scotland) said that his Association pinned its faith to the fundamentals laid down as the minimum conditions. If Mr. Stanley could say authoritatively that these would form the basis of his action, as they did of the constituent societies, they could get along.

MISS MUSSON, R.R.C. (General Hospital, Birmingham, Nurses' League), said the League which she represented would not support any scheme which did not accept these fundamentals.

MRS. ANDREWS (League of St. Bartholomew's Hospital Nurses) supported the Resolution.

DR. BEZLY THORNE (R.B.N.A.), said those were the four points for which the Royal British Nurses' Association had contended for years. If they were the basis of any proposition brought forward in connection with the College of Nursing he could say certainly it would have the approval and co-operation of the R.B.N.A.

DR. GOODALL (British Medical Association) supported the resolution on its behalf. The Association was fully in agreement with those four cardinal points.

MISS ASHFORD (Queen's Hospital Birmingham Nurses' League) said the League quite agreed with these fundamental principles.

MRS. BEDFORD FENWICK said that on behalf of the Society for the State Registration of Trained Nurses, and other bodies which she represented, she, of course, subscribed to the fundamental principles for which they had been founded, but those principles must be embodied in a Bill.

DR. FOORD CAIGER on behalf of the Fever Nurses' Association numbering some 2,000 odd nurses supported these cardinal principles.

THE REAL ISSUE.

MAJOR CHAPPLE, M.P., said he thought there would be universal agreement in regard to this resolution, but it would not advance them one iota. They were all agreed about the uniform curriculum and he thought they were all agreed as to the three years' course, though he was not sure that all were agreed that the three years' course should go into the Bill. The real issue was whether they would proceed to get State enactment to remedy existing abuses. A large number of young women just now were receiving a very partial training in military hospitals, confined practically to the treatment of wounds and nothing else. There was a danger that when the war was over they would claim to be regarded as trained nurses, and they would be so, after a fashion, for the simple reason that you could get no definition of a trained nurse excepting by Act of Parliament. That was the present problem. Were we going on until we were faced with a greatly aggravated condition in which hundreds of young women, who did not know their own limitations, would claim to be trained nurses? They knew nothing about the symptoms of disease, or the indications of impending death, because the percentage of deaths in military hospitals was only 1½ to 2 per cent. You were going to have untrained nurses

by the thousand coming forward and claiming to be trained nurses, and when they did that they would do great injustice to the fully trained, and a much greater injustice to the community upon whom they practised.

The only way of meeting that difficulty was by legislation. The Nursing College, which would be a voluntary institution, would do nothing to meet that impending difficulty. No one would be obliged to register unless they liked, and practically no one would do so, because nothing could be given to nurses except by State enactment. That was what registrationists asked for nurses, and until they obtained it we were not one step forward in the direction of remedying the abuses to which he had referred.

The Central Committee believed that the dangers owing to lack of State Registration of Nurses had increased and would continue to do so. The matter was becoming more and more urgent and their supporters, as well as their opponents, agreed that something must be done, and done now. The question was whether all the contending parties could not arrive at agreement, and get now this State enactment which was essential. He was one of those who believed it could be got now, and be proceeded to state why.

During the last four years to his personal knowledge the promoters of the Bill had been in contact with the Prime Minister, Mr. McKenna, Mr. Samuel, and other Cabinet Ministers, as well as for many years before he had the honour of being connected with the Bill at all, and they had the specific promise of Mr. Asquith that if they could conciliate the opposition the Government would give facilities for the measure and help it through, and the position was therefore that the House of Lords had passed the Bill, the House of Commons was committed to the principle, and they had the promise of the Government that if they conciliated their opponents, and came with an agreed measure the Government would help them to get it through.

If the abuses facing them were going to increase, and they were, if the only remedy for these abuses was legislation, and if the promise of the Government was in their hands, why not all go and get the only thing that would give them the effective remedy they all so much desired?

THE ESSENTIAL FEATURES OF THE BILL.

That was the issue before them. He would now like to contrast the position of the parties, and see how it was possible to amalgamate the interests of both sides and get a resultant satisfactory to all. The Bill gave a Council, a democratic Council—a Council very largely in the hands of the nurses themselves. That had his sympathy. The nurses of the country should get a grip of the Council and hold that grip. He was sufficiently grounded in democratic principles to believe that the power should reside in the hands of the nurses of electing the Council and of turning it out if necessary. The Bill gave that—a Council in the hands of the

nurses and registration on a State Register. It had been proved that nothing else would give nurses the necessary status. At the same time if the Bill became law no one would be prohibited from nursing after the war. Every young woman could nurse whom she liked, where she liked, at what charges she liked. The Bill did not prevent a person nursing, but it did prevent her claiming to be a trained nurse. The Bill provided for a three years' curriculum, but the promoters were willing to strike that out and leave the definition of what constituted the curriculum to the Council. Those were the essential features of the Bill.

THE POSITION OF THE COLLEGE.

What was the position of the College? As he understood that, it would be a purely voluntary institution. It would give no status whatever to anyone who registered, and it would not prevent any one from claiming to be trained. If it were established to-morrow all girls now working as V.A.D.'s could still claim to be trained. On the other hand, the Bill gave a definition of training, and a status to those who attained the prescribed standard.

After the last meeting he had met Sir Charles Russell and had conferences with him on the subject. He had also consulted advisers in Parliament, and with a Parliamentary draughtsman, to ascertain how far the Memorandum of the College could be embodied in the Bill, because the College—so far as it postponed the day of getting State Registration—was a danger, and in the absence of a Bill it gave nothing.

With the aid of the draughtsman he had managed to incorporate the whole of the objects of the College, as set out in the Memorandum and Articles of Association, in the Bill. Thus if the Bill as re-drafted passed into law it would give all that the promoters of the College wanted, and, in addition, it would not be a voluntary institution dependent on a few promoters, but it would have State recognition at once, it would be a College owned by the nurses, having a Council elected by the nurses, and in their own hands, without the disadvantage of foregoing any advantages given by the Bill.

He could not understand what objection could be taken by any of the friends of the College to that proposal, because if it were adopted they would get their College, and it would have at once a legal status giving them a far better position than that of any voluntary institution.

The College as at present proposed might not be recognised by the nurses of the country. He was strongly of opinion that it would not be, and that they would not see in it anything giving them any advantage whatever. But here was a chance of placing it on a sound permanent basis. Why, then, should they not try to harmonise all the interests concerned, and go to the Government and say: "We have fulfilled the conditions you have laid down, we have conciliated our opponents, we come here representing the whole mass of the profession, and we ask you to fulfil

your promise." He believed it that were done with the influence and prestige Mr. Stanley had in the House of Commons, and with a Coalition Government in power, the Nurses' Registration Bill would be put through as a war measure, just as the Midwives' Bill for Scotland was put through as a war measure.

Major Chapple earnestly appealed to the promoters of the College to support the Nurses' Registration Bill on those lines, and said he would be glad in the first place to know the attitude of Mr. Stanley and his supporters to his proposal.

DR. MCGREGOR ROBERTSON asked if the Chairman would now put the motion which he had moved, and which had been seconded and supported.

THE CHAIRMAN said it would not be a question of a formal resolution. He did not think there was any question of putting it at any time.

DR. MCGREGOR ROBERTSON reiterated that his resolution had been seconded and supported and that if that formal resolution were carried they could then decide how to proceed.

MISS SEYMOUR YAPP (Poor Law Officers' Association) suggested it would contribute largely to the feeling of comfort and stability in the nursing profession if the Chairman, as the leader of this new movement, would state his own views.

MR. STANLEY said that he regarded the question of State Registration, or State Recognition, as settled beyond any doubt. He took it that the definite agreement arrived at by all was that they had to proceed at the earliest possible moment with such form of State Recognition or State Registration as seemed desirable.

Where Major Chapple differed from him and those who thought with him was upon a question of procedure. Major Chapple wished them to go to Parliament and get State Registration, and incidentally power to found the College. His whole point, on the contrary, was that they would be wrong to go to Parliament for sanction to do a thing they could perfectly well do themselves. It was not necessary to ask leave from Parliament to set up a College of Nursing. It might be necessary, he thought it would be, when the machinery was set up, and the Register made, and they knew in just what form they wanted recognition, to go to Parliament then. He thought it would be. Parliament would then know what they were asking for, and they would get rid, at one stroke, of the most controversial matter in the Bill, which would have to be discussed there. If, however, they went forward as an organized body, with a Register approved by the Council of the College, he thought there would be no difficulty in getting that through. He thought the first duty of the College of Nursing would be to appoint a small and carefully chosen committee to at once proceed with a Bill, and, he hoped, to meet Major Chapple and his advisers, and see if they could not get agreement. He thought they could get a Bill of that kind passed as a war measure.

On a previous occasion he had defined the four cardinal principles on which he thought the College should be founded:—(1) State Recognition. That was agreed. (He said "recognition" because he thought it a bigger term than registration); (2) self-government (that was not one of Dr. McGregor Robertson's fundamentals, but it was a principle he had laid down in regard to the College); (3) a uniform curriculum; (4) the single-portal system. Three of those were on Dr. McGregor Robertson's list. On the question of three years' training he did not feel qualified to speak. He felt very strongly that this question of exactly who should be admitted to membership of the College formed the very first, or one of the first, to be settled by the big Consultative Board to be set up. Major Chapple had said that those promoting the Bill were willing to strike out the Clause dealing with three years' training and leave that for future consideration by the Council; that he entirely accepted. With the modification suggested by Major Chapple about the three years' training, he was prepared on behalf of those acting with him to accept the four fundamentals laid down, and, he must add, that this College had to be self governed. That was about all, and he thought they had arrived at near agreement as they could get.

DR. MCGREGOR ROBERTSON asked if his Resolution was unanimously agreed to.

THE CHAIRMAN said he did not mind putting it to the vote.

SIR HENRY BURDETT pointed out that the resolution contained the proviso for three years' training.

DR. MCGREGOR ROBERTSON said it affirmed it as a principle, but it was not necessary to embody that principle in the Bill. That could be left to the Council appointed.

MAJOR CHAPPLE agreed.

SIR HENRY BURDETT said he was in favour of the three years under these circumstances. He welcomed this proposed combination for one object, and hoped it would succeed. The proper thing was to trust one another. He did not see how the Council could get away from the three years, but it was better to give it the liberty of considering the whole thing on its merits.

MR. MORRIS (Secretary of the London Hospital), said he thought the wording of the resolution should be carefully done. As there were representatives of the London Hospital there, and Lord Knutsford was not there, he must say that if they expected all present to agree to these cardinal points that, frankly, they did not. Some of the gentlemen present did not agree with three years' training; the London Hospital did not agree with State Registration at all.

MISS SEYMOUR YAPP did not wish to tie the College to a period of training.

DR. MCGREGOR ROBERTSON thought the lady was confusing the College with the Bill.

PROFESSOR GLAISTER said the question would settle itself. The Council of the College, appointed

by the nurses, would say whether they wanted three, four, or five years.

MRS. BEDFORD FENWICK differed from that view. The nurses had absolutely no power as to the period of training. That was in the hands of the hospital committees and they demanded three or four years. The nurses had no power whatever.

MR. STANLEY here said he thought it would be best to have two resolutions.

RESOLUTIONS.

(1) "That this meeting affirms as a basis of any agreement the necessity of State Registration, a uniform curriculum, and a one-portal examination."

Another, if they wished to press it, would be:—

"That this meeting recommends to the Council of the College of Nursing that a three years' training is necessary before a nurse's name can be put upon the Register."

DR. MCGREGOR ROBERTSON suggested eliminating (3) and making 4 (3) to read "a one-portal examination," and after some discussion as to including the term of three years, to which the Chairman would not agree, the sentence was concluded "after a course of training laid down by the Council."

MAJOR CHAPPEL suggested that it could not be referred to the Council of the College. The meeting were affirming general principles, and not committing themselves to the College of Nursing. If the meeting decided that it would not go on with State Registration, or come in to an amalgamated Bill, then the promoters of the Bill would have to consider their future course. The question was how far was the Nursing College going to confuse the Nursing Profession? The attitude of himself and his friends to the College might be one of support, or of complete indifference, or of uncompromising hostility. They had to decide whether it was going to imperil State Registration, and if they came to the conclusion that it was going to torpedo, or imperil, that principle in any way then it was their duty to assume a position of uncompromising hostility to the scheme. Therefore they could not consent to any Resolution agreeing to submit the matter to the College of Nursing.

DR. MCGREGOR ROBERTSON said he would prefer the recommendation to be "that this meeting considers three years desirable."

SIR HENRY BURDETT invited the Scotchmen present to keep their countryman in order. They would not get that three years passed at the meeting. He had Mr. Stanley's assurance. What more did he want?

The Chairman then put the Resolution to the vote in the following form:—

"That this meeting affirms as the basis of any agreement the necessity of (1) State Registration; (2) Uniform curriculum; (3) A one-portal examination after such period of training as may be found desirable."

This was carried with two dissentients. It was supported by the legal registrationists present,

Mr. Morris and Miss Monk, of the London Hospital, voted against it, and a large number of Mr. Stanley's advisers did not vote at all.

MR. STANLEY welcomed the declaration of the Royal British Nurses' Association in support of the College, and Professor Glaister made a similar one on behalf of the Association for the Promotion of State Registration of Nurses in Scotland.

PROPOSAL BY MAJOR CHAPPEL.

MAJOR CHAPPEL then moved:—

"That a Committee be formed to draw up a Bill for presentation to Parliament embodying State Registration and the establishment of a Nursing College."

This was seconded by Mrs. Bedford Fenwick.

MR. STANLEY said that must be postponed, so far as the promoters of the College were concerned, until after the formation of the College of Nursing. When the Council was appointed he was quite willing to accept a Resolution that they be asked as one of their first duties to proceed with a Bill. The College of Nursing being formed to do these things, it would be quite unreasonable, just when it was on the point of being founded, to appoint a Committee, which would have nothing to do with it, for the purpose.

He then said that the Council of the College must not be less than fifteen or more than thirty in number. Seventeen members had been nominated, and that would leave thirteen places to be filled up—by the Council itself. The names of those who had agreed to serve were Miss Gill (Edinburgh Royal), Miss Haughton (Guy's), Miss Lloyd Still (St. Thomas's), Miss McIntosh (St. Bartholomew's), Miss Montgomery (Middlesex), Miss Mowatt (Whitechapel Infirmary), Miss Paget (Direct Representative C.M.B.), Miss Sparshott (Manchester Royal Infirmary), Miss Swift (Matron-in-Chief Joint War Committee), Miss Vincent (Leicester Royal Infirmary), Miss Seymour-Yapp (Poor Law Hospital, Ashton-under-Lyne).

Then it was laid down that two-thirds of the nominated Council were to be Matrons or nurses in active practice. That left five other representatives. Those who had consented to act were Dr. Jane Walker, Mr. Comyns Berkeley, Sir Cooper Perry, Dr. Turney, and he was afraid he must say himself. With the others already mentioned they would form the first Council of the College.

In reply to an enquiry as to who had nominated the Council, Mr. Stanley said he had.

MRS. BEDFORD FENWICK said she was under the impression that the Conference had met to discuss jointly the Nurses' Registration Bill, and the Memorandum and Articles of Association of the College, in order to see if in any way they could agree on a Bill which would please both sides. Was not that the procedure?

THE CHAIRMAN said that he thought by the general wish the procedure had taken the form of the affirmation of certain general principles.

On those they were agreed, and on those they would proceed to act.

MRS. BEDFORD FENWICK said she did not think it was the wish of the meeting to go back upon the arrangement to consider an agreed Bill. The Chairman had promised at the last meeting that that should be done. It was agreed that Major Chapple and Sir Charles Russell should consult their Parliamentary draughtsmen, and when they had consulted together and agreed on alterations and interpolations with regard to the two documents, that they would be considered at this Conference. This had been done. Were they to understand that these suggestions would not be considered? That was all that they wanted to know.

The CHAIRMAN thought it was probably the wish of the meeting that they should not be considered then. As long as they were agreed on certain principles the details would be very much better thrashed out by a small committee.

MRS. BEDFORD FENWICK said then the Chairman did not intend to carry out her proposition made at the last meeting, to which he had agreed. He was not going to carry out what practically was promised to the representatives of the Central Committee for State Registration at the last meeting. She supposed they must take his reply as a direct negative.

MR. COMYNS BERKELEY did not understand that was promised. He understood that their legal representatives should meet Dr. Chapple and discuss matters, so that when the College was founded, and the Bill was being prepared, they would have some point of agreement.

MISS HEATHER-BIGG said she thought Mr. Comyns Berkeley had misunderstood. She was present at the last meeting, and she understood that Mr. Stanley promised to have a meeting in three weeks' time and go clause by clause through the suggestions made in regard to the Bill. They were there to do that that day, and if they failed to do so they failed to keep their word to the nurses.

PROFESSOR GLAISTER understood that the two schemes were to be considered privately, and resolutions brought forward in regard to them.

THE CHAIRMAN said he entirely agreed. On the face of it, it was absurd to suggest that a meeting of fifty people could discuss the Bill and the Memorandum and Articles of Association of the College clause by clause.

MRS. BEDFORD FENWICK reminded the Chairman that he had specially said the meeting must be small. For that reason, he had asked that one member instead of two, as on the former occasion, should be sent by each of the constituent societies of the Central Committee. Of course, a meeting of so many persons could not possibly discuss the Bill, but the Central Committee had asked for a Conference on the Bill, and this had been granted, with the proviso that one delegate should be sent from each society.

DR. CHAPPLE said that, at the last meeting, he had asked Mr. Stanley not to proceed for three weeks, in order that the incorporation of the Bill and the College might be considered. Mr. Stanley

had been appealed to and had resisted the appeal for some time. Ultimately, it had been agreed that he should approach Sir Charles Russell and that they should exchange the Bill and the Memorandum and Articles of Association of the College. In the meantime, Mr. Stanley undertook not to proceed with the College. Why had he asked for this? Why had Mr. Stanley resisted his request but because he was reluctant to defer proceeding with the College until the present Conference could discuss the suggestions of their Parliamentary draughtsmen? Ultimately Mr. Stanley had agreed to his proposition.

MR. STANLEY said he had waited for three weeks, and that now they would proceed with the formation of the College.

DR. CHAPPLE wished to know if the chairman ruled his Resolution out of order. The resolution was—

"That a Committee be formed to draw up a Bill for immediate presentation to Parliament embodying State Registration and the establishment of a Nursing College."

He asked if the Resolution were out of order, and if Mr. Stanley refused to accept it?

MR. STANLEY replied "Yes," he thought it was entirely out of order. It was not for the meeting to appoint a Committee; he should certainly not accept the Resolution. The essential thing was to form the College and then to proceed with the Bill.

DR. GOODALL stated he was instructed to say that the British Medical Association, one of the parties concerned in drawing up the present Bill, could not be satisfied with any scheme which did not recognise the right of the medical profession, through that Association, to some part in the machinery dealing with the registration of nurses. The medical profession ultimately saw the result of the training schools. In the Midwives Act recently passed in Scotland that right had been recognised. He respectfully drew attention to this point.

MR. STANLEY replied "certainly" he would put the point before the Council at once.

MISS CANCELLOR said the National Union of Trained Nurses would like to know what steps had been taken to find out the opinion of the medical profession as a whole on the Nursing College Scheme.

DR. MCGREGOR ROBERTSON said the logical conclusion of the Resolution which had been adopted was to accept Major Chapple's proposition. The principle of registration had been accepted by those present, therefore no one would oppose it if a Bill were introduced, or the opposition would be so small that it would be marked off as a factious opposition. He believed that the Bill might be passed as a war measure. Every conceivable effort had been made by the Central Committee to sacrifice minor details to secure agreement, but only legal registration would meet the needs of the nurses. The Bill constituted their Charter of liberties, and they had shown that they recognised it by joining the Society

working for legal registration, and increased numbers since the College Scheme was started. If Sir Henry Burdett wished to quarrel he must quarrel with the nurses of Scotland, not with him. He represented 2,000 nurses. Whom did Sir Henry Burdett represent?

The question was, Should they act by promoting the College or the Bill? He thought nurses and Matrons confused what was meant by registration by the Bill and by the College. The College proposed to get recognition of its own Register. The Bill was applicable to the nurses of the Kingdom. The question was, Should they have State registration, or registration of the members of the College? He was prepared to support Dr. Chapple's resolution, the meeting was there to express an opinion.

MAJOR CHAPPLE said he would make one other offer. He asked Mr. Stanley if he would accept his Bill and promote it if he retired, or if not that Bill in its entirety, then any Bill he liked to draft loyal to the central position of State enactment. He could not say fairer than that.

MR. STANLEY said he would agree to that at once. The Council would have to go through the Bill, but, in regard to the cardinal principles, he agreed to that at once.

DR. CHAPPLE said then why in the name of all common sense should they not set up a Committee from that meeting to draft a Bill? If they were going on with the College they must face the hostility, indifference, or support of the Central Committee. There was no other way of defining the position of the trained nurse except by crystallising her title and qualifications in a Bill.

MR. COMYNS BERKELEY said that Major Chapple was speaking only for himself. A certain number of those present had come to support the College because it was their firm conviction that it was the shortest way to Registration.

MR. STANLEY said that was the reason why he looked upon Major Chapple's resolution as out of order. They were there that day to discuss the formation of the College of Nursing—(no, no!)—one of the ultimate objects of which was to obtain Registration.

DR. MCGREGOR ROBERTSON said he did not come from Scotland for that.

MR. STANLEY said he came to discuss the College, surely.

MRS. BEDFORD FENWICK said she did not.

DR. MCGREGOR ROBERTSON said he came to see how far the views of those promoting the College could be reconciled with the views of those promoting the Bill.

MR. STANLEY thought that was a longer way round of saying the same thing.

DR. MCGREGOR ROBERTSON said "No," he did not come to support the College.

MR. STANLEY said he did not say that he did. He came to discuss the College.

DR. MCGREGOR ROBERTSON said he did not.

PROFESSOR GLAISTER said that he did. In connection with the Articles of Association of the

College (w) at present ran "To promote a Bill in Parliament for any object connected with the interests of the Nursing Profession, and in particular with their education, organisation, protection, or for their recognition by the State," he asked that "or" might be changed to "and."

This was accepted by Mr. Stanley.

MRS. BEDFORD FENWICK said she had been asked to bring the two documents which she held in her hand before the meeting by the Society which she represented, and she wished to ask whether or no the Memorandum of the Incorporated Society for Promoting the Higher Education and Training of Nurses, and the present Memorandum of the College of Nursing were not practically identical. She thought, with the exception of about 700 words they were the same document. In 1905 the Memorandum of the first mentioned Society, emanating from Guy's Hospital, as did also the present scheme, was submitted to the Board of Trade. Among the Societies which then opposed it were the British Medical Association, the Matrons' Council, the Society for the State Registration of Trained Nurses, the Royal British Nurses' Association, the Committee for Promoting the State Registration of Nurses in Scotland, the Irish Nurses' Association, and a number of others. Each of these appeared before the Board of Trade by its appointed representatives and gave the most excellent reasons why the scheme was an extreme danger to the nursing profession. In her opinion it had not altered one iota. It was a most dangerous scheme. It professed to give the nurses something which they wanted, while it gave them nothing. It took absolute powers to keep things from them. They might have neither titles nor diplomas nor an elected Council. She protested against it in the name of all the nurses she represented; as they had not been permitted to discuss the details of an agreed Bill as arranged upon her proposition at the last meeting, they intended to protest against this subjugation of the nurses, for that was what it amounted to. There was one significant difference. In the former scheme the word "Limited" was omitted, but on application being made for leave for the former Society to become incorporated, without the word Limited, those opposing the scheme before the Board of Trade had the opportunity of giving their reasons, and those reasons prevailed.

When the Nursing College was first launched notice was given that the promoters intended to apply for leave to become incorporated without the word Limited, but now that it was to be merely a Limited Liability Company the nurses would have no opportunity of opposing it before the Board of Trade. The scheme gave nurses no legal status, no protected title, nor anything they had been working and paying for all these years. It was a subterfuge, and it must be opposed.

MR. COMYNS BERKELEY said Mrs. Fenwick had appeared to think that because the Royal British Nurses' Association had objected to the scheme in 1905 they were in a false position in supporting it

now. They objected in 1905, because those who were promoting it were against registration. Now that most of the promoters had turned round the R.B.N.A. were supporting the scheme."

MR. STANLEY said he really did not know whether the scheme were the same or not.

MRS. FENWICK said that it was, word for word, and she thought he ought to know it.

MR. STANLEY said he daresay it was. In the old scheme there was not the clause "To promote Bills in Parliament for any object connected with the interests of the nursing profession, and in particular with their education, organisation, protection, and for their recognition by the State." He thought Mrs. Bedford Fenwick would agree that was an important difference.

If no one had anything else to say, they might bring the proceedings to a conclusion. He was glad to find they had got so far in agreement. In regard to the opposition Mrs. Bedford Fenwick had announced he was very sorry for it. He wished they could all work together. When they got to work on their Bill, he believed it would be one they could ask Major Chapple to introduce in the House. They were all working for the good of the nursing profession.

In the discussion which followed, in which Mrs. Andrews, Miss Cancellor and Miss Cox Davies took part, Miss Cox Davies urged that the Committee asked for, to draft a Bill, should be appointed. In connection with the exception taken to the Articles of Association, she asked might not the Bill which was going to be introduced somewhat alter the matter. It would give legal status, and, therefore, surely those Articles would scarcely stand in their present form.

MR. STANLEY said that they would. He also mentioned that he would shortly meet the representatives of the hospitals, and he hoped out of that meeting to form the Consultative Board of the College.

MISS MUSSON asked whether the nursing associations were to have no opportunity of criticizing the Articles of Association, or did the promoters intend to proceed with the College?

MR. STANLEY said they did intend to proceed with it. The sooner they got to work the better.

MISS CANCELLOR thought some opportunity should be given to the societies to voice their objections. There were certain points to which the N.U.T.N. took exception.

SIR CHARLES RUSSELL said they could be altered at any time.

MISS MUSSON asked what was the distinction

between certificates of proficiency and certificates of training and proficiency.

THE CHAIRMAN said it was meant by those who put in that clause that there would be, or might be, at all events, two different certificates. One would show exactly what training the nurse had had, and another exactly the state of proficiency she had achieved.

MISS MUSSON was afraid the bulk of the proposition would be against them.

MAJOR CHAPPLE asked which Mr. Stanley would register?

MR. STANLEY said that was a question for the Council to determine.

MISS BODLEY (Midland Matrons' Association) asked whether there would be different certificates.

MR. STANLEY said that would be determined by the Council, who would have to show exactly what the certificates were worth.

MISS MUSSON said it appeared as if the College would give a certificate of proficiency without any training.

MR. STANLEY said that the regulations might all have to be laid down by the Council after consultation with the Consultative Board.

MISS MUSSON did not know what was meant by "all branches of women's work."

MR. STANLEY said his idea was this: He was quite as anxious as anyone could be to see a definite line of demarcation drawn between the trained nurse and the woman who was partly trained. The best possible way to do that was by allowing a College of Nursing, such as this, where the Council would be entirely elected by the votes of the trained nurses themselves, to settle what should be the examination and certificate, not only in their own branch of the profession, but in the lower branches—the untrained women. They particularly wanted such power in the case of things like the First Aid Certificates—which were given very loosely in some places—they wanted them under the control of a College like this, and then it would know exactly what they were worth.

MISS MUSSON asked whether Mr. Stanley proposed through the College of Nursing, to lay down the education of such people as the V.A.D.'s.

MR. STANLEY said that if the Council itself, acting on the wishes of the members of the College, chose to do that, it was exactly what he wished them to do, it would be the best possible thing.

DR. MCGREGOR ROBERTSON pointed out that in Clause (E) of the Articles the College took power to grant certificates of proficiency in nursing to persons trained, not by the College, but in outside schools. What right had the College to grant certificates of training to persons trained elsewhere?

MR. STANLEY said the answer to that was, first, that the College did not propose to train at present. If it so decided later it could do so. Secondly, if they did not take the power to grant certificates to nurses trained elsewhere, not a single nurse working now, who had been trained previously, could be put upon its Register.

* Beyond the financiers who signed the Articles of Association in 1905, the only promoters of the scheme whose names could be ascertained were Miss Swift, Miss C. J. Wood, and Sir Henry Burdett. Lord Knutsford, who opposed, appealed in vain before the Board of Trade for further information. The R.B.N.A. opposed the scheme as "vicious in principle," which in our opinion it continues to be.—ED.

MAJOR CHAPPLE, in proposing a vote of thanks to Mr. Stanley, said that so long as he avoided the danger of giving a stone to the nurses who asked for bread, they might congratulate themselves on having secured his interest.

INDEPENDENT OPINION.

We referred a few weeks ago, says the *Medical Press*, to the proposed "College of Nursing" of which Mr. Arthur Stanley is the chief promoter. There have been two conferences on the subject at which representatives of those interested in the State Registration of Nurses have been present. It is only right to say that Mr. Stanley has set himself to meet criticisms of his project in a most conciliatory manner, and has shown a desire to have the matter fully discussed. Some of his supporters and advisers have not, it is true, been so judicious, but that may pass. The upholders of State registration will, however, be well advised not to let themselves be persuaded to give up their demand by any show of reasonableness on the other side. The claim for State Registration is clear, and it is made not only by the overwhelming majority of trained nurses but by the majority of the medical profession. A voluntary enrolment will not fulfil any of the purposes of a State register, but it may easily block the way. Over and above this, Mr. Stanley's scheme contains the entirely objectionable condition of government by a self-nominated and irresponsible Committee containing an unknown proportion of lay people. Much play has been made by the promoters of the scheme of the misleading analogy of the proposed College of Nursing with the Incorporated Law Society. As a matter of fact, the control of the roll of solicitors is in the hands of the Lord Chancellor and not of the Incorporated Law Society, but, apart from this, we should not envy the man who had the audacity to propose to the solicitors' profession that the government of the Incorporated Law Society should be given to a self-nominated committee consisting of a mixture of solicitors and well-meaning busybodies, who have no knowledge of law but were interested in the education of solicitors. This would be a fair parallel to what Mr. Stanley and his advisers suggest to the nursing profession.

Referring to the Nursing College Scheme, promoted by the Hon. Arthur Stanley, the *South African Nursing Record* says: "It is not in our province to criticize the registration question in Britain, but against one thing we can warn them from our own experience, and that is that to play with the question is dangerous, and a great deal worse than useless. Any alteration must be radical, or it will be of no use at all, and the last state of the profession will be worse than the first. A question like this must be settled either one way or the other, and there is no room for compromise. For that reason we are not too enthusiastic over the Hon. Stanley's scheme, which it seems to us begs the question and tries to please two parties at once."

SOCIETY FOR STATE REGISTRATION OF NURSES.

There will be a meeting of the Executive Committee of the Society for State Registration of Trained Nurses on Saturday, April 1st, to receive a Report from the delegates, appointed to attend the Conferences held by Mr. Stanley and his advisers with the delegates of the Central Committee for the State Registration of Trained Nurses and others, and to take such action thereon as may seem advisable.

As the sole object of this Society is to promote a Bill in Parliament for the State Registration of Trained Nurses, it is felt that as the College of Nursing Scheme intends to proceed to attempt the organization of the Nursing Profession on a voluntary basis through a Limited Liability Company, that every effort must be made to save trained nurses without delay from the unjust competition of V.A.D.'s and others posing as trained nurses after the war. To this end, concerning which the members are very keen, an active campaign is contemplated, and the President hopes she will have their warm support in the arduous work the Society has before it. Not a moment should be lost in combating the proposal, incorporated in the Memorandum and Articles of Association of the College of Nursing, "to institute and conduct examinations in all branches of women's work connected with hospitals other than the practice of medicine, surgery, and obstetrics, and to grant certificates." The present constitution of the College gives existing trained nurses neither legal status nor protection of any kind from unfair, unskilled competition.

What the President claims, and believes she will receive, is loyal and disinterested support from the members, for the principles for which the registrationists have worked so untiringly for so many years, and for which the Society for State Registration was founded.

Every trained nurse holding a three years' certificate of training should join the Society, and take a firm stand now for Legal Registration by Act of Parliament.

Now is the time;—not years hence, when a supplementary register of the semi-trained, set up by an unprofessional Limited Liability Company, may have done much to depreciate the three years' standard of training, and to flood the nursing market with inefficient workers.

Apply for Application Forms to the Hon. Secretary, 431, Oxford Street, London, W.

SUPPORT FOR THE WAR CHEST.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss E. B. Kingsford, £3 3s.; Miss L. Warriner, 13s. 6d.; Miss C. M. Alderman, 5s.; Miss Carson Rae, 5s.; Miss A. M. Hay, 5s.; Miss H. Barton, 5s.; Miss M. A. Fussell, 5s.; Miss Purvis, 3s.; Miss Warren, 3s.; Miss K. Bellamy, 2s. 6d.; Mrs. Dorman, 1s.; Miss Dorman, 1s.; Miss G. Tatham, 1s.

LET US HAVE A COLLEGE.

Once more we wish to emphasise the fact that we welcome the institution of a College of Nursing as an educational factor, but strongly disapprove of a Limited Liability Company of laymen and others, assuming disciplinary control over the Nursing Profession, through any system of registration. Personally, we absolutely decline to submit to such jurisdiction, we cannot therefore advise trained nurses to place themselves in so false a position as to do so. A Nursing College as such has our heartiest support; we urged that one should be founded twenty years ago, but to be useful its functions must remain academic.

QUEEN VICTORIA JUBILEE INSTITUTE.

At the quarterly meeting of the Scottish Council of the Queen Victoria Jubilee Institute for Nurses, the report showed that 17 nurses were being maintained and 10 candidates trained. In Edinburgh, 1,248 cases had been nursed; 23,671 visits having been paid by the nurses.

DAMAGES FOR INJURY IN STREET ACCIDENT.

Miss Margaret Aitken, a nurse, residing at 271, Union Grove, Aberdeen, injured by a box falling off a motor lorry, which collided with an electric standard, claimed £1,000 damages from Mr. James Clark, contractor, owner of the lorry. The sheriff found that the accident was due to the negligence of the driver of the lorry, and that the defender was liable for his servant's negligence, and awarded Miss Aitken, who was severely and seriously injured, and subjected to much suffering and weakness, and rendered incapable of following her occupation as a nurse £250 damages.

THE PASSING BELL.

The death has occurred at the Royal Infirmary, Glasgow, of Miss Bell, who has been a nurse in the institution for nearly fifty years. Miss Bell served in Lord Lister's wards when he was at work on his epoch making discoveries, and continuously up to within a few weeks of her death was a member of the nursing staff. On the occasion of the visit of the King and Queen to Glasgow to open the new wing of the Royal Infirmary, Miss Bell was presented to their Majesties.

NURSES' ALLOWANCES.

We are officially informed by the Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service that the allowances which have been withdrawn from the nurses are special issues for officers at the Front, in aid of their expenses at home. The Army Council have decided, after full consideration, that there is not sufficient reason for the grant of these allowances in the case of nurses. Where, however, a nurse is not provided with accommodation, &c., in kind, she still receives allowances in lieu.

COLONIAL NURSING ASSOCIATION.

Office, Imperial Institute, S.W.

NEW APPOINTMENTS.

The following new appointments have been made since May, 1915:—

S. A. Simpson, Singapore Nursing Assoc.
S. Irving, Shanghai, Victoria Nursing Home.
M. Buchanan, " " "
F. H. Saunders, " " "
M. E. Clark, " " "
E. G. Wolfe, Canada, Regina.
K. Woodward, Perak Nursing Assoc.
A. E. Croley, Ceylon Nursing Assoc.
B. Hufhton, Selangor Nursing Assoc.
J. D. Wemyss, Lisbon Nursing Assoc.
A. Simmons, Penang Nursing Assoc.
A. M. Deeks, S. African Church Railway Mission.
A. B. Beeton, Mauritius Branch.
E. M. Weir, Bangkok Nursing Home.
F. M. Crooks, Costa Rica Branch.
J. Brown, Western Australia Government Hosps.

GOVERNMENT HOSPITALS.

M. M. Hall, Gambia, Colonial Hosp., Bathurst.
A. Boyd, Ceylon Government Hosps.
F. Callender, " " "
M. C. Hoskins, " " "
H. D. Todrick, " " "
E. A. Evans, Nigeria Government Hosp.
B. E. Elliot, " " "
B. Renwich, " " "
M. Munro, " " "
J. Murphy, " " "
E. O'Sullivan, " " "
M. E. Tate, " " "
E. J. Cressy, Gibraltar, Colonial Hosp.
M. Bailey Churchill, Sierra Leone Colonial Hosp.
E. M. Robinson, " " "
E. Bernard, Cameroons Expeditionary Force.
E. Purdy, Gold Coast Government Hosps.
K. Aspinall, Straits Settlements Govern. Hosp.
L. Barnes, " " "
A. E. Hobson, B. East Africa Govern. Hosps.
A. E. Drewe, " " "
R. Blyth, " " "
H. Burston, British Guiana, " Public Hosp., Georgetown.
J. Prescott, Gibraltar, Colonial Hosps.

THE MATRONS' COUNCIL.

MISS F. PARKER SPANN.

Miss F. Parker Spann, who has recently joined the Matrons' Council of Great Britain and Ireland, is the Matron of the Township Infirmary, Beckett Street, Leeds. Miss Spann was trained at the Union Infirmary, Birkenhead, and is a certified midwife and certificated masseuse, and after holding various posts in Liverpool, Bury, Sheffield, and Birmingham, was appointed to her present position in July, 1914. As a member of the Territorial Force Nursing Service, she was called up for active service the following August, but upon the request of the Guardians of the Beckett Street Infirmary, as the need was urgent, she resigned her position as a Territorial Sister and took up work there on September 1st. The Assistant Matron of the Infirmary left the following day for active service, and a number of the Sisters and Staff Nurses have left since for military work.

Since Miss Spann's appointment as Matron at the Beckett Street Infirmary, a teacher of invalid cookery has been appointed, and a course of instruction in invalid cookery established. Forty-four members of the nursing staff have been successful in obtaining this extra certificate. One of Miss Spann's earnest hopes is that the day will come when all Poor Law Infirmarys, recognised as training schools, are entirely separate from the workhouses and under quite separate administration. A number of patients are admitted to such infirmaries through the workhouse, but a larger number come direct from their own homes and never enter the workhouse at all. Miss Spann emphasises the fact that the infirmary nurse who is thoroughly trained should not be confused with the workhouse attendant who is often called "nurse," who has had no recognised training, though she may be efficient in her work as an attendant.

Miss Spann is interested not only in the training of nurses, but in their welfare after they leave the training school. As we last week announced, a League of the certificated nurses of the school

has now been formed through which they will have the opportunity of professional and social intercourse. She is also a member of the Society for the State Registration of Trained Nurses.

Recently important extensions of the Beckett Street Infirmary have been opened by the Chairman, Mr. Alfred Hobson, involving an expenditure of £11,000, and including a children's hospital with 138 beds and an operating theatre constructed on the most up-to-date lines, a new administrative block, a receiving ward, and blocks for the sick and infirm. An X-ray apparatus is also to be installed. All that now remains to complete the original scheme is a maternity ward, and a lock ward. In declaring the new buildings open the Chairman remarked that there was little doubt workhouse infirmaries would occupy a much more important place in the future than at present, as a wider meaning was now being given to the term destitution.

Mr. P. H. Bagenal, Local Government Board Inspector, who was present, congratulated the Board of Guardians on the way in which they had carried out the extensions. The buildings had, he said, been erected in the nick of time. The lives of children were ten times more important than ever before, and it was an imperative duty to save the life of every child. However much Guardians might be criticised for their slowness, when they took a thing in hand they carried it out in the best possible way.

Coincident with the opening of the new buildings it is proposed, subject to the consent of the Local Government Board to appoint consulting surgeons to the Infirmary whose services will be available at the request of the Medical Superintendent not only for general surgical operations, but in those of throat, eye, nose and ear affections, and in difficult midwifery cases.

"German Atrocities: An Official Investigation," by J. H. Morgan, M.A., Professor of Constitutional Law in the University of London, should be read by everyone who desires to realise the psychology of the German soldier.



MISS F. PARKER SPANN.

APPOINTMENTS.

MATRON.

Cardiganshire Red Cross Hospital, Aberystwyth.—Miss B. L. Collins has been appointed Matron. She was trained at the General Hospital, Wolverhampton, where she subsequently held the position of Ward Sister. She has also been Matron of the Penn Convalescent Home, Sister at the Base Hospital, Leicester, and Matron of the Sanatorium, Kimberworth.

ASSISTANT MATRON.

Rotunda Hospital, Dublin.—Miss Alice E. White has been appointed Assistant Matron. She was trained at the Meath Hospital, Dublin, in general and fever nursing. She is also a certified midwife, and holds the massage certificate of the I.S.T.M. Her previous appointments have been Massage Sister at the Royal Victoria Hospital, Belfast; Massage Instructress and Night Superintendent at Addenbrooke's Hospital, Cambridge; Sister at the Hospital for Epilepsy and Paralysis, Maida Vale, W.; and Sister of the Gynaecological Wing at the Rotunda Hospital.

SISTER.

Rotunda Hospital, Dublin.—Miss Marjorie B. West has been appointed Sister. She was trained at Guy's Hospital, London, and has been Sister at Queen Mary's Hospital, Southend-on-Sea. She is a certified midwife.

Cardiganshire Red Cross Hospital, Aberystwyth.—Miss A. Miller has been appointed Sister. She was trained at the Lambeth Infirmary, S.E., where she held the position of Staff Nurse. She has also been Staff Nurse and Acting Matron at the Carmarthen Infirmary and District Nurse at Llanbadarn.

City Hospital Annexe, Higher Lane, Fazakerley, Liverpool.—Miss Catherine F. Sweeney has been appointed Sister. She was trained at the New City Hospital, Fazakerley, and at Royal Infirmary, Manchester.

Southend-on-Sea Infectious Diseases Hospital, Westcliff-on-Sea.—Miss Lilian Agnew Peens has been appointed Sister. She was trained at the City of London Infirmary, and has been Sister at the Western Hospital, Seagrave Road, Fulham, and has had fever training and experience in London and the Provinces. She has also had experience of private nursing, and is a certified midwife.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss E. R. Collins to be Sister (March 25th).

QUEEN VICTORIA JUBILEE INSTITUTE.**TRANSFERS AND APPOINTMENTS.**

Miss Edith Goodwin is appointed to Biddulph. Miss Edith M. Mabey is appointed to Monk Bretton.

NURSING ECHOES.

Lord Sydenham (President), and other members of the National Council for Combating Venereal Diseases, announce that the Council proposes to organize a comprehensive educational campaign to combat venereal diseases in all suitable ways, and especially along the lines laid down by the Royal Commission.

This will involve the organization of a number of conferences and courses of lectures, and the immediate issue of an authoritative summary of the principal conclusions of the Report.

Communications can be made to the honorary secretaries at Kingsway House, Kingsway, W.C.

We hope trained nurses will interest themselves in this work by every means in their power. Let them study the question thoroughly, and utilize their knowledge for the benefit of suffering people. The Report of the Royal Commission is a very terrible and tragic document.

Delegates representing a million members attended the annual conference of the Association of Approved Societies last Saturday at the Baptist Church House Library, Kingsway.

Mr. John Hodge, M.P., in a letter, complained that the War Office and Admiralty had treated approved societies "shamefully" in throwing on them the burden, not only of 26 weeks' sick benefit to discharged soldiers, but of the invalid pensions to men broken in their country's service.

A resolution was passed expressing the opinion that the financial liability of all military and naval service members, invalided from whatever cause, should be borne entirely by the State.

So far insured nurses invalided out of the service have had only the 7s. 6d. a week due to them from their Approved Society. Provision for such invalids should have been one of the first recommendations of the Territorial Force Nursing Service Advisory Council upon the outbreak of war.

After interesting ourselves in this question for more than a year, we welcome the Government's announcement in the House last week that a system of pensions is to be established for nurses incapacitated by war service, and we feel sure it will be approved throughout the country. The nurses are doing, and have done,

splendid work in the military hospitals at home, and in the various theatres of operations, and no praise is too high for their noble and self-sacrificing labours. Whilst thousands of pounds are disbursed annually in substantial pensions for politicians and others who have been well paid whilst in office, Parliament wrangles over the paltry amounts to be allowed our soldiers and sailors who are incapacitated in the nation's wars. The recognition by the State of its obligations to the nursing sisterhood is tardy, but it is welcome all the same.

From the reports submitted at the annual meeting of the Exeter District Nursing Association it is evidently doing most valuable work for the poor of the city. Mrs. Andrew stated that the midwifery branch had steadily increased, 289 cases being attended by the association's midwives, whose services were becoming more eagerly sought as the poorer mothers of the city were realizing the advantages of skilled nursing, followed in many cases by curative and preventive services. This dual attention had undoubtedly contributed in no small measure to the gratifying reduction of infantile mortality in the city. Towards the end of the year arrangements were made with St. Thomas' Nursing Association, whereby the scope of the work was extended into that district.

Mrs. Vlieland thanked the members of the staff who had resisted the attractions of higher wages and variety of work offered by war service. It was of primary importance that the soldiers should be cared for, but it was also essential that the health of the women and children should be looked after. She called attention to a Local Government Board circular, according to which the maternity mortality for the whole country was 4 per 1,000; for Devon 4.60, for Plymouth 4.62, and for Exeter 2.66. The low rate was not attributable so much to sanitary conditions, or the industrial occupations of the women, but to skilled attention given by the midwives. Exeter District Association's nurses had attended 933 cases in the last four years, and there had been no deaths. Therefore, it might be claimed that they had contributed in no small degree to that low mortality, notwithstanding that they were working among the very poor, where it might be expected to be higher than among the mothers who were in better circumstances. One very sad lack in Exeter was that they had no maternity wards outside the Workhouse Infirmary.

BOOK OF THE WEEK.

"THE STRANGERS' WEDDING: OR, THE COMEDY OF A ROMANCE."

Rather a tragedy than a comedy.

Huncote, a graduate of Oxford, decides that settlement work among the poor is the end to which he was born. He undertook it more from the social than the religious aspect.

It was fortunate from his son's point of view that Colonel Huncote had not lived, for they were so much alike that they would probably have disliked each other intensely. Colonel Huncote had all the hard generous absurdity of his son—principles, sense of duty, and so forth. He had made up his mind to serve the Empire just as Roger had made up his mind to serve the people. He had thought woman inferior and lovable, and so he left his son about seven hundred a year, with the reversion after his mother's death of a further nine hundred, while Elspeth and Flora were given two hundred and fifty a year each when their mother died, until then nothing. Their pretty mother was young somehow, though fifty-one, in her semi-artistic semi-messy clothes, with her fair and grey untidy but pretty hair, and her general likeness to a hollyhock after a shower."

Roger tries to recruit his sisters' help in the Settlement dance. Elspeth refused. "No, thanks; I know the kind of thing. A collection of all the undesirables in the district and no enquiries made."

Flora was different. She was weary of the dull round of a life in a Cathedral town.

"Oh, I'd love to come. It's sweet of you, Roger."

Her brother patted the little hand. "You know I don't promise you a life guard."

She laughed. "Roger, dear, even a railway guard would be a blessing in a place like this."

This was not exactly social zeal, Roger thought, but still—

It was at this dance that Roger first met Sue Groby.

He stood before a dark young girl.

This old young man's heart leapt quite suddenly as if he had been snatched up with many other young things and had become aware of you.

He realised that he had been staring at the girl while he thought of something else.

"I beg your pardon," he said.

"Granted," she replied.

Beautiful Sue was the daughter of a washer-woman, and Huncote almost at once fell under the influence of her personal magnetism.

Later at a Settlement picnic he drew her out to tell him of her home life, her pleasures.

The girl at his side who talked so freely of her concerns did not jar upon him, for she was not pretending, not trying. Where the sun touched

* By W. L. George. Fisher Unwin, Ltd., London.

the girl's cheek it was rich and golden—a pomegranate. He saw no more the ugly green cloth coat and the dreadful slum Sunday hat with its many roses. She stood undisturbed as feature by feature he began to know her. The mouth over the little pointed chin full of curves with parted upturned lips and an air of appeal. She was a good, straight girl, and Huncote loved her for the time and married her. Then followed tragedy, as might be supposed. Sue in her own environment had a different aspect to Sue in Huncote's.

Poor Sue. Of course she suffered for her husband's mistake. Of course he was cruel over her social lapses, and of course the estrangement grew and grew.

It was no doubt hard on Roger to be told that his friendship with Theresa "was running after a single lady," and many other like things, but it was not poor Sue's fault, after all.

But the constant struggle to do the right thing, the constant dread of failure and of her husband's displeasure broke Sue's spirit, and she turns again to Bert, her slum lover. She just clung to him shaking all over.

"Cheer up, you silly kid," said Bert, moved and angry because his voice was husky. "Chuck it, I say." He could not bear to see her cry, but would not tell her so, and then as if love told him exactly what to do he drew her closer into his arms."

The book is well worth reading, and it contains many clever character studies, and shows a deep insight into the lives of the dwellers in slums. Its literary style is also original.

H. H.

COMING EVENTS.

April 1st.—Meeting of the Executive Committee of the Society for the State Registration of Trained Nurses, 431, Oxford Street, W. 4 p.m.

April 1st.—Irish Nurses' Association: Meeting Executive Committee, 34, St. Stephen's Green, Dublin. 8 p.m.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by appointment. Write to the Hon. Secretary, 431, Oxford Street, London, W. Candidates must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

A WORD FOR THE WEEK.

"The kiss of the sun for pardon,
The song of the birds for mirth;
One is nearer God's heart in a garden
Than anywhere else on earth."

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NO OFFICIAL OLIGARCHY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We are told this Nursing College Scheme is a "Matrons' Scheme" for the organization of our profession. May I venture to point out that, unless the Matron is a trained nurse first and an official second, we prefer to evolve our own system of organization. Personally, I doubt that even the Anti-registration Matrons have defined this dangerous constitution for our subjugation; it has the old male official ring about it. Moreover, the Matrons' Council has always worked hand in hand with other trained nurses' organizations—and the sort of liberal-minded Matrons who have joined it and stood for State Registration ideals are the right sort of Matrons—so don't let us blame the Matrons for this latest attack. We will not submit to any oligarchy of hospital governors or Matrons—the rank and file form the backbone, the hard-working, ill paid majority of every profession—and we must not be led away by any specious arguments "for our good." We have a right to legal status as our colleagues have in the Colonies and the United States, and we want no hospital committee over us once we are free and earning our own living. I know of one large hospital at least where absolutism has crushed out the spirit of hundreds of women in the past thirty years. The Nursing College Scheme of lay and official government would simply strangle every atom of individual independence trained nurses now enjoy—and that is not saying much.

C. F. TUDOR.
London. *Private Nurse.*

OUR PRIZE COMPETITIONS.

April 8th.—Describe briefly the structure of bone. How is bone nourished?

April 15th.—What would you do in the following emergencies while waiting the arrival of a physician?

- Apoplexy.
- Asphyxia from gas.
- Poisoning from an alkali.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

QUEEN CHARLOTTE AND THE MIDWIFE.

In a diary of William Hunter 1762-1765 written by him during his attendance at the first three accouchements of Queen Charlotte, wife of George III, interesting details are given of the medical and social customs of the last half of the eighteenth century. The Queen was attended by Mrs. Draper, one of the most celebrated midwives of the day; the surgeon and obstetrician waited in the neighbourhood of the royal bed-chamber in case their skilled professional services were required; as the labours were normal in every respect the part they played was a small one. At this time the majority of women were attended by midwives, although the scientific study of obstetrics had already seriously begun, and a certain number of women sought the attendance of well-qualified medical men at their labours. Queen Charlotte was however a German, homely, old-fashioned, and prejudiced against innovations, and she elected to follow the customs of her forebears and to be attended by a midwife. On August 12th, 1762, we read in the diary: "Being called, I came to St. James at $\frac{1}{2}$ after 5 in the morning. Mr. Hawkins (the surgeon) told me that the Queen had been as usual over night and was taken ill at 4 o'clock, after some good sleep. A little after six Mrs. Draper came to us and told us that all was in a very natural way, but that the appearances indicated that it would be slow. At $\frac{1}{2}$ after 7, when I little expected it, from what Mrs. Draper had told us, the Prince was born. Soon after this we examined him all over, and found him perfect, with every mark of health, and of a large size. Then we examined the placenta which was sound and very compleat, and Mrs. Draper told us that the Queen had had a very good time, and was very well."

Apparently, Hunter was told that the Queen was ill soon after 4 a.m.; men's toilets were more elaborate then than nowadays, with bag-wig, laced ruffles, solitaire round the neck, embroidered cuffs, silk stockings, sword and gold-headed cane; Hunter was to attend a Queen and would appear in full dress; he probably arrived at St. James in a sedan chair or coach, and was ushered into the ante-room to await the report of the all-important Mrs. Draper! It was not a very dignified position for the physician-accoucheur of Middlesex Hospital. Mrs. Draper was unwise enough to commit herself by giving a prognosis—"it would be slow"—the labour was however very quick, and the great Hunter cannot help giving a dig at the midwife for her mistaken prophecy, the labour had only lasted $3\frac{1}{2}$ hours! an unusually short time for a primigravida.

However, Hunter was allowed to examine the young Prince and the placenta, and at 9 o'clock

"when her Majesty was shifted saw what was taken from the bed, and found it just moderate or what is most common." He then saw the Queen and found her without any complaint and with a good pulse. He ordered a draught for the Queen, and one for the Prince. New-born infants at that time were dosed with sweet almond oil, syrup of roses, and rhubarb, hourly, "this being designed to cause evacuation of the meconium more rapidly than nature intended." (Dr. Stark's comment.) At 12 o'clock mid-day Hunter saw the Queen again, "she desired to live some days upon broth caudle and tea, rather than to eat chicken." The etiquette of the British court did not allow queens to suckle their children; we find, however, that he was to be fed twice a day with pap, besides being fed by the wet nurse. Hunter adds: "the Princess desired a little milk to be put into the pap." This Princess was the mother-in-law of Queen Charlotte; she evidently had something to say in the management of her grandson. Three days later Hunter records, "we found the pap was without milk, the Princess having said, as the child is well, let there be no change"; the Doctor's rôle was not an easy one—the midwife managed the labour, the Princess managed the child! On the second day the Queen had "no desire to eat chicken." On the fourth "she did not chuse to eat chicken nor to get up"; the same note is made on the sixth day; however on the seventh day the Queen had been up, and on the eighth day "eat with appetite almost a whole chicken, was up three hours and felt quite well." On the seventh day Mrs. Draper "off her own bat" had given her a cup of Aq. Puleg. and Hysteric. Pulegium is pennyroyal, it must have been a very unpleasant draught; Hunter says, "Her Majesty, however, had a good night." The breasts seem to have given no trouble, though for a few days the milk ran out freely, she took doses of rhubarb regularly and on the fourteenth day was perfectly well.

The baby gave no trouble in spite of his frequent dosings, "he was washed all along with cold water"; it was certainly a Spartan-like treatment in those days of shut windows and curtained cradles; as it was August, the weather was probably warm.

A year afterwards the Queen gave birth to a second son; the Queen, "after complaining lightly for about two hours, was delivered with three pains of a fine boy so that there was not time to call the proper people together." Mrs. Draper reported the labour to Hunter, "she did not imagine the Queen was near delivery till three strong pains came suddenly and close together and finished it. This she said" (underlined.) Evidently the good Doctor credited Mrs. Draper with aspirations after the honour and glory of attendance upon the royal patient

"solus." At this time there was a bitter feud between the doctors and midwives, and it is quite possible that Mrs. Draper exaggerated the precipitancy of the labour. The Queen was out of bed on the fifth day, and managed as she had done in her first lying-in.

Two years later, again in August, the Queen gave birth to Prince William (later William IV), and again Hunter was not present at the time of the birth: labour started at 1 a.m., and she was delivered between 2 and 3, Hunter was called at 4 a.m. All went well; the weather was very hot, so Hunter ordered the door to be set open from time to time. The wet nurse still kept her own child.

Queen Charlotte bore fifteen children and survived till she was 74 years of age, she had undoubtedly a vigorous constitution and was of an unemotional temperament; no very serious ill-effects were produced by her entrusting herself to the tender mercies of Mrs. Draper, or by her habit of getting up out of bed during the first week of the puerperium.

The Diary has been edited with Notes by Dr. Nigel Stark, and was contributed to the *Glasgow Medical Journal* in 1908. It certainly is a curious piece of literature; one realizes the changes that have taken place in a comparatively small number of years. Mrs. Draper, however experienced, was what we should call a "Gamp" to-day, so that every mother, however poor, has the opportunity of having a better qualified attendant than had Her Majesty Queen Charlotte.

M. O. H.

CENTRAL MIDWIVES' BOARD.

At a meeting of the Central Midwives' Board, held on Friday, March 17th, at Caxton Hall, Westminster, six midwives were cited to appear, with the following results:—

Struck off the Rolls and Certificate Cancelled.—Ada Holt (No. 19344), Mary McAvan (No. 19927), Martha Need (No. 13143), Mary Toone (No. 17070).

Severely censured.—Annie Bella Horsman (No. 36119).

Cases adjourned for judgment on report of local supervising Authority.—Emily Dale (No. 11704). Struck off.

In reference to Mary McAvan, a medical man wrote that she was of the old-fashioned Sairey Gamp type, but that she did good work; with reference to the charge against her of not taking the requisite antiseptic precautions, that with such a patient and in such a house antiseptic treatment was impossible. The Chairman re-

marked it was just in these cases that they were most necessary. He never heard of such a thing.

In the case of Midwife Toone the M.O.H. for Leicester was present; the charge against her being that, the patient suffering from a ruptured perineum, she did not explain it was necessary a medical practitioner should be sent for. It was proved that a doctor had been engaged to attend the patient, but he was not present at the time of delivery, the midwife explaining that when the confinement took place she had no one to send for the doctor, who lived two miles off.

Sir Francis Champneys said that unless it could be proved that, as often happened, some arrangement had been made with the midwife not to send for the medical man if the case were normal, the Board had always ruled in such cases that she was acting in the capacity of a monthly nurse and as such she would not come under the jurisdiction of the Board. Dr. Robinson thought this would open the door to dangerous evasions.

The Board found that this was a doctor's case and the midwife acting as a monthly nurse. Her name, however, was removed from the Roll on other counts.

There were six midwives on whom interim reports were received. In five cases no action was taken, and one was ordered to report again in three months' time.



THE MIDWIVES' OFFICIAL
BADGE, ROTUNDA HOSPITAL,
DUBLIN.

THE ROTUNDA HOSPITAL BADGE.

The official badge recently instituted for the graduates of the Rotunda Hospital (Dublin) Midwifery School is a Celtic cross of bronze, set in a circular band of the same metal, the latter inscribed with the words, Rotunda Hospital, "Solamen miseris." The right and left arms of the cross bear respectively the letters, "B. M.," the initials of the founder's name—"Bartholomew Mosse."

Above the centre is an Irish harp surmounted by the Crown; while on the lower part of the cross are the figures 1745, the date of the foundation of the hospital. The centre contains a beautifully modelled circular medallion, copied from the inimitable stucco work in the famous Chapel of the institution, viz., Charity, represented by a female figure, cherishing two infants.

The reverse bears the motto: "To do My Duty."

The badge is executed by Messrs. John Smyth & Sons, Wicklow Street, Dublin, and may be obtained from Miss Ramsden, Lady Superintendent of the hospital. Midwives who are proud to own this illustrious training school as their Alma Mater will be delighted to possess this charming badge.

FOOD AND FOOD VALUES.

Dr. Eric Pritchard lectured on Food and Food Values at the Royal Society of Medicine on Monday, March 27th, in connection with the National Association for the Prevention of Infant Mortality.

In dealing with the relation that food should have to the output of energy, he said that it should be approximated to work done, the body being unable to put out more energy than was put in.

Papers containing tables of food values—of energy requirements in different employments—the composition of milk in various animals, &c., were distributed among his hearers, and were of great assistance in aiding them to understand the complicated subject of the relative values of different foods. That human beings required and were able to digest a mixed and varied diet he accounted for by their ancestral inheritance which had in turn been carnivorous and fruitarian.

ANTE-NATAL CONSULTATIONS AT ABERDEEN MATERNITY HOSPITAL.

The good work done by the Aberdeen Maternity Hospital is well known, and Lord Provost Taggart, who presided at the annual meeting, referred in highly appreciative terms of the work carried on by the hospital.

A development of that work was announced in the annual report, in which the board stated that they had had under consideration the question of providing means for giving free consultations to women before confinement and to mothers and guardians with infants up to one year old—a subject which has been engrossing the attention all over the country of those deeply interested in the means to be adopted for the preservation of infant life. The necessity for such may be gathered from the statement made by Professor McKerron, at the conference held in Aberdeen, that not less than 13,000 children under the age of one year die annually in Scotland. On this subject the Board received very full information as to the steps being taken in other cities to deal with the matter, and it has commenced an Obstetric Dispensary and Infant Consultation Scheme in connection with the Maternity Hospital for expectant mothers and mothers and guardians with infants up to one year old. A room has recently been set apart in the hospital for this purpose, under the superintendence of Professor McKerron.

THE NATIONAL INSURANCE ACT.

Colonel Rev. James Smith, in moving the adoption of the report, said that the relation of the National Insurance Act and the societies under the Insurance Act to the Maternity Hospital had been receiving attention. There was great need for improvement in this direction. It was hardly right that people who obtained maternity benefit should have the option of going into their institu-

tion without paying a farthing. An important step for the preservation of infant life had been taken in the passing of the Midwives Bill for Scotland. It would have a salutary and beneficial effect.

MIDWIVES REGISTRATION IN VICTORIA.

An Act to provide for the Registration and Better Training of Midwives, and to regulate their Practice, came into operation in the State of Victoria on December 1st, 1915. The Midwives Board consists of three members of the Public Service of Victoria appointed by the Governor in Council.

The following are some of the principal points in the Act:—

The name of midwife is not to be taken by a woman not registered. Penalty for infringement, Twenty pounds.

No man or unregistered woman to attend cases for gain except in a case of emergency. Penalty, Twenty pounds.

No woman to be registered under the Act until she has attained the age of twenty-three years.

Registration under this Act does not confer upon any woman any right or title to assume that she is authorised to grant any certificate of still birth.

The Act provides for reciprocal treatment of midwives registered elsewhere in His Majesty's Dominions provided that the standard of training and examination required in such other part of His Majesty's Dominions is, in the opinion of the Board, equivalent to the standard prescribed in the pursuance of this Act.

The Board may compensate a midwife temporarily suspended from practice, if such suspension appears necessary to prevent the spread of infection.

The Penalty for disobedience of an order of Board, or for a contravention of any regulation save as otherwise expressly provided is a fine not exceeding Twenty pounds.

In a case of emergency as defined in the regulations—

(a) A midwife is required to call to her assistance a medical practitioner; and

(b) the Board is bound to pay to such medical practitioner a sufficient fee according to the prescribed scale, such fee to cover one subsequent visit, with due allowance for mileage.

The Board may recover the fee from the patient or her husband (liable under the Marriage Act, 1915, for her confinement expenses, unless it is shown to the satisfaction of the Board that the patient or her husband is unable by reason of poverty or ill-health to pay such fee).

The Board may from time to time publish reports and advice concerning the preservation of infant life.

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EDITORIAL.

PLIGHTED FAITH AND DUTY.

We pass through this world but once, and in our passage we have to determine the forces which shall dominate our movements across the sea of life, with its various currents, its strong influences. We may trim our sails with the wind, we may allow ourselves to drift, the sport of every wind that blows, we may put our barque out to sea only in fair weather, or we may set our compass for a certain port, and determine, come fair weather or foul, if human endeavour can achieve it, we will make that port.

When in determining our course we are associated with others our duty is accentuated, it constrains us to stand by those with whom we have entered on the brave adventure.

Are we at the helm? It behoves us to steer the ship's course straight, to be on the alert lest we are misled, by false lights, to guide it upon the rocks; to be in all things wise to foresee, quick to apprehend, decided in action, loyal to plighted faith and duty. Those are the qualities which in the past have set this nation in the forefront, made it respected by its friends and feared by its foes. Both as a profession, and as individuals it behoves us to steer a straight course, unblinded by the dust of self-interest, undaunted by adversity, and unspoiled by prosperity.

There are many of us who, at the beginning of our professional career, subscribed, perhaps carelessly, to the principle of State Registration of Nurses. It seemed so just, so obvious, we were so sure to get it. But we did not appreciate the strong adverse currents which would affect the ship in which we set sail with such high hopes, or the storms which it would encounter before it dropped anchor—storms of prejudice, of

autocracy, of privilege, of vested interests, of greed of gold. We realized as time went on that the goal would not be easy to make, that to attain it would mean that we must spend laborious days, that we must lighten the ship of pleasant things, which—quite legitimate under sunny skies—would divert our attention, and so impede our progress in stormy seas. We realized that a life of high endeavour does not appeal to all, that there are many who while willing to sail with us when the seas are calm desire to put into port during a storm.

That has never been the policy of the convinced legal registrationists. To keep the good ship water tight, to clear the decks for action, to steer straight whether through calm or stormy seas for the desired haven, that has been the lifelong endeavour of the majority of those who embarked more than a quarter of a century ago, and some of whom have laid down their lives before the port was reached, but who never faltered in their determination to hold on to the end, and who when their hands were folded in rest at last, died in the faith that others as true and loyal would guide the ship they had served so well until it anchored safely in harbour.

In loyalty to those dear comrades, real and true, with whom we have weathered so many storms, in loyalty to the living, to the sick public, and to the rank and file of the nurses, whose interests we have espoused, and regard as a sacred trust, we invite all those who are convinced that a satisfactory system of legal registration is the only adequate one, to bend every endeavour at the present time to further the cause to which they have plighted their troth, though the hope of attaining their desire by means of alluring detours into other ports should deceive even the very elect.

GAS GANGRENE IN GUNSHOT WOUNDS.

In an article in the *British Medical Journal* on "Amputations at Base Hospitals in France," Lieut.-Colonel C. Gordon Watson, G.M.G., F.R.C.S., gives an interesting description of gas gangrene. He writes:—

"Gas gangrene," following gunshot wounds in this war, instead of being a rare occurrence, as in civil practice, is quite common. The onset and progress of the gas distension of a limb which precedes the gangrene is rapid beyond belief, unless seen.

In one case of wound of the thigh, under our care, within six hours of the first signs of the onset, gas had extended up to the axilla and down to the ankle.

In another case of a wound in the region of the great trochanter, at 9 p.m. the wound (which had been freely laid open) showed no signs of gas. In under ten hours, the man was dead, having suffered much agony; and the opposite thigh, which was uninjured, was blown up with gas to an enormous size.

The toxæmia is so fatal as to be unparalleled. Within a few hours of the onset of physical signs of gas, extensive gangrene may develop in the wounds, and life will hang upon the slender thread of an immediate and rapid amputation, with the minimum of shock.*

As the gas distends the fascial planes, pain becomes very severe, and the limb may swell to an enormous size, but with the onset of gangrene the pain usually disappears. The mental faculties may remain unclouded (despite profound toxæmia) on the very threshold of death.

When infection becomes general, on auscultation, gas may often be heard circulating in the heart, like the sound of a boiling kettle. This gives rise to great distress, and often to a shallow, contorted, almost tetanic facies. Extreme pallor is a marked feature of general infection. This may come on so suddenly as to raise the suspicion of internal hæmorrhage, and I have known a tourniquet applied to a thigh (where there was no wound of exit) until the diagnosis could be cleared up. A general infection is usually fatal from cardiac failure or gas embolism. After death not only the damaged limb but the entire body, including the great veins, liver, &c., may be distended with gas.

With this pitiful picture surgeons in France are only too familiar. Fortunately experience has taught that if the case is seen early the

patient, if not the limb, can in most instances be saved. In the earliest stage, when the typical gas odour appears and a few bubbles can be squeezed from the wound, heroic incisions and the freest possible drainage, followed by constant lavage with sodium hypochlorite, will usually succeed; but if the case has come under observation when gas has begun to spread into the intramuscular planes beyond the site of injury and the limb has begun to swell, amputation is imperative. Any attempt to perform a complete amputation (that is, with flaps to cover the bone) must be made through uninfected tissues, which would not be possible in most instances, as the majority of these are thigh cases. Even when the conditions may appear favourable for a primary flap amputation clear of existing infection, nothing will be gained by this procedure in the great majority of cases, for the following reasons.

DISADVANTAGES OF FLAP AMPUTATION.

1. There will be less chance of ultimately saving the patient's life because there will be less chance of checking the infection.
2. There will be more chance of the patient losing his life at the time from shock.
3. For the amputation to succeed it will have to be performed as high or higher in the limb than the second stage of a primary flush amputation.
4. Healing by first intention cannot be expected. (The cases must be seen on the spot to appreciate this.)
5. The risk of secondary hæmorrhage (a very grave danger in these cases) is greatly increased. Since the routine adoption of the flush method we have had the good fortune to lose no case from secondary hæmorrhage following amputation in this hospital. The only death in this hospital from secondary hæmorrhage after amputation, during the last six months, occurred in a case operated on near the front by the flap method. Secondary hæmorrhage occurred during transit and again after admission to this hospital.
6. The need for re-amputation for sepsis or hæmorrhage may be expected at a time when the patient is unable to stand further operation, and often when there is no more limb available for an amputation.

It is announced that a serum against eruptive typhus has been discovered by Dr. Nicole, director of the Pasteur Institute at Tunis. Nineteen cases treated showed marked improvement.

*Intravenous ether anaesthesia is invaluable in these cases.

OUR PRIZE COMPETITION.

DESCRIBE BRIEFLY THE STRUCTURE OF BONE. HOW IS BONE NOURISHED?

We have pleasure in awarding the prize this week to Miss Louise Aronovich, 2nd Western General Hospital, Leicester Road, Manchester.

PRIZE PAPER.

Bone is composed of organic and inorganic matter, and contains nearly 50 per cent. of water. In an adult the proportion of organic to inorganic matter is roughly 33 per cent. of the former, chiefly calcium phosphates, to 67 per cent. of the latter, chiefly collagen, though the proportion varies in different bones, and in the same bone at different ages.

The structure of bone appears to consist of two tissues—(a) compact, and (b) cancellous—whilst the ends of bone are covered by articular cartilage.

Bones are divided into long, short or irregular, and flat bones.

In long bones, such as the femur or humerus, the shaft consists almost entirely of a tube of compact bone surrounding a central canal known as the medullary canal, and normally filled with medulla, or marrow, which at each end gradually merges into loose, vascular, cancellous tissue. It is this cancellous tissue which, apart from maintaining the nutrition of bone, apparently effects the function of elaboration of the blood. In flat bones, such as the parietal, the compact tissue forms two plates, between which lies the cancellous tissue (known in the skull as diploe); and in short and irregular bones, such as the tarsus, a thin shield of compact tissue forms the outside, the interior being filled by cancellous tissue.

The marrow of bones is of two varieties:—(1) Red; (2) yellow.

Red marrow, which is highly vascular, is the tissue occupying the spaces of the cancellous tissue, and so maintains the nutrition of the spongy bone. Amongst the fat, marrow, and giant cells it contains are some coloured nucleated cells, called erythroblasts, from which the coloured corpuscles of the blood are developed. Yellow marrow, which consists of fat, colourless marrow cells, and blood vessels, fills the medullary cavity of long bones. The surface of bone, except where covered by articular cartilage, is ensheathed by an extremely vascular, closely adherent membrane. The dense tissue of the walls of the medullary cavity is traversed by a meshwork of narrow canals, lying parallel with the axis of the shaft.

These canals (Haversian) contain blood vessels, nerve filaments, and a little connective tissue.

The matrix or intercellular tissue is analogous to connective tissue, the ground substance being impregnated with lime salts.

Bone is nourished by (a) the nutrient artery, which passes through the nutrient foramen into the medullary cavity, and there breaks up into branches for the supply of the medulla, from which again small blood vessels are distributed to the interior of the bone. The articular extremities are pierced by other small blood vessels for the supply of the cancellous tissue, and thence extend into the Haversian cells. (b) By the periosteum, from which the small blood vessels pass perpendicularly through the small holes which exist on the surface of bone. These blood vessels also enter the Haversian cells, and thus complete communication is established between the two systems. By means of the lacunae (small irregular spaces) and canaliculi (very minute inter-communicating canals) peculiar to each Haversian system, the nutritive lymph exuded by the Haversian canals is distributed from place to place.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. J. Steele, Miss A. B. Owen, Miss D. Stevenson, Miss L. Wilkin, Miss D. A. Woodward, Miss B. Barnes, Miss M. Forrest, Miss J. G. Gilchrist, Miss E. A. Noblett.

Miss E. A. Noblett writes:—A long bone is a hard, tough body, which is flexible and highly elastic within narrow limits, but readily breaks with a clean fracture if it is pressed too far. In early life the long bone is in three pieces, which unite as youth advances. The centre is a long piece of bone representing the shaft, and the piece at each end is known as the "epiphysis." These ends have a thin shell of ivory-like compact bone fashioned into a smooth articular surface covered with cartilage, which enables the relatively fixed end of the bone to play upon the corresponding surface of some other bone with which it is said to be articulated; while their interior is made up of spongy or cancellous tissue. In the spaces of this spongy bone is a red substance called "red bone marrow"; it is highly vascular. From these marrow cells large quantities of red blood-corpuscles are derived.

QUESTION FOR NEXT WEEK.

What would you do in the following emergencies while waiting the arrival of a physician:—(a) Apoplexy; (b) asphyxia from gas; (c) poisoning from an alkali?

NURSING AND THE WAR.

Two years will be occupied in the completion of the memorial to Nurse Edith Cavell, for which a fund is being raised by *The Daily Telegraph*, but the bust which Sir George Frampton has first made, as a preliminary to the statue, he is sending to the Royal Academy.

The public will see in this bust a remarkable piece of work, says *The Daily Telegraph*. It not only has a simple dignity and beauty, but the friends of Nurse Cavell say that it is a striking likeness. Mrs. Wainwright, a sister who bears a

being outlined against a silvery-grey granite column. This monument, something of an obelisk in shape, will be crowned by the stern figure of Justice and Humanity seated, a sword across her knees, guarding an infant—that is, innocence and weakness.

The chair of Justice will have great arms which jut out on either side, so that in the distance the monument will bear the semblance of a cross, the nursing symbol. At the back a lion, in white marble, stamps upon a serpent. The sculptor's sketch model of the monument is not being sent to the Academy.



ENGLISH AND ITALIAN MEMBERS OF THE NURSING STAFF AT THE SCUOLA CONVITTO REGINA ELENA, POLICLINICO HOSPITAL, ROME.

MISS DOROTHY SNAPE, Matron.

close resemblance to Nurse Cavell, was of assistance to Sir George Frampton, as were also other friends.

The site for the memorial, which has been given by the Westminster City Council, and approved by Mr. L. Harcourt, M.P., on behalf of the Office of Works, is the island in the middle of the road opposite the National Portrait Gallery. The memorial will face south, and being of a commanding height, 33 ft., will be seen from Trafalgar-square and even Whitehall.

The figure of Edith Cavell, in nurse's uniform, will look towards Charing Cross Hospital—the white marble statue, eight feet in height

Many nurses who have subscribed to what we feel sure will be a work of art, will be interested to know that Sir George Frampton is devoting the whole of his time to this memorial, to which his work is his personal contribution.

We are glad to learn that the underlying principle for which the Scuola Convitto Regina Elena, located in the Policlinico Hospital, Rome, was founded—to train well-educated Italian girls for responsible positions in Italian Hospitals—has been very successfully carried out, considering how difficult it is to transplant nursing

systems from other countries. A great deal of the success is due to the personal devotion of Miss Dorothy Snell, who has been Matron of the School from its inception; and to the interest in its development taken by Her Majesty Queen Elena and the President, Princess Doria.

At the present time, when Italy is at war, no doubt there are certain difficulties in carrying out the details of a curriculum of instruction so mapped out as to require undivided attention. That is understood as inevitable.

Again, in every country which is at war, the economic conditions become disorganised and the value of money depreciates. Both in France and Italy, salaries paid in the money of the country must be spent there, or there will be loss on the exchange. It does not affect those staying in the country; those who do not, must put up with it as one of the minor—very minor—hardships of war.

Our illustrations represent Princess Doria Pamphili, President of the Regina Elena School—a sister of the Duke of Newcastle—known to nurses in this country, through her attendance at International Nursing Congresses; and a group of English and Italian Sisters and Nurses, with Miss Snell in the centre. It is very satisfactory that Italian girls, trained in the school, are now replacing the English staff nurses originally employed thirty-one certificated Italian nurses now acting in this capacity, in addition to which, in June of last year, the opportunity came to the nurses to prove the value of their training and fitness for military work—250 beds in the military hospital at Verona were placed under the care of 24 certificated nurses of the school, and more would have been welcome, as the authorities were ready to place them in charge of another 200 beds.

Miss M. Hodges (Edinburgh Royal Infirmary, Queen's Nurse, Belgian Field Hospital, twice nursing in Serbia) and Miss S. Richards (London Hospital, Military Nursing Service) left, on March 26th, to take up work on behalf of the Serbian Relief Fund, as Matron and Sister in a French Hospital for Serbian refugees at Bastia, in Corsica.

The Wounded Allies Relief Committee, of Sardinia House, Kingsway, W.C., is sending out almost at once further medical aid to the sick and wounded Serbian soldiers in Corfu. The first Unit despatched by the Committee, and

consisting of a doctor and three nurses, under an Administrator, arrived in Corfu a fortnight ago, and this Unit is now, owing to the urgent need of the Serbians, about to be strengthened by the addition of one more doctor and seven more nurses, who will take with them large consignments of hospital stores, clothes and food.

The Matron-in-Chief of the Canadian Army Nursing Service has written to the acting Secretary of the head office of the Victoria League to the effect that a number of the Canadian nurses now working in France are to be sent home to England for a brief rest, which there can be no doubt they sorely need. It has, therefore, been suggested that members of the Victoria League in various seaside places should offer hospitality to one nurse or two, if possible, for a week or ten days. As we cannot do too much

to show our appreciation of the magnificent way in which the Colonies have responded to the call of patriotism to the Motherland, we think not only the nurses but their friends overseas would be glad to hear we are making the holidays of Canadian nurses as bright and happy as possible. We cannot all take an active part in the war, but the least we can do is to take care of those who are doing such splendid service in the name of King and Country.



PRINCESS DORIA PAMPHILI,
PRESIDENT. SCUOLA CONVITTO
REGINA ELENA, ROME.

A Franco-Russian hospital ship *Portugal* has been torpedoed by a German submarine in the Black Sea in broad daylight. Eleven of 26 Sisters of Charity were saved in boats and cutters which accompanied the *Portugal*. The missing include Count Tatishcheff, the Red Cross delegate; Dr. Tikhmeneva, Baroness Meyendorff, Sister Superior, and 14 Sisters of Charity, 50 men of the Russian crew and Red Cross men, and 29 of the French crew. There were on board 273 persons, of whom 158 were saved.

What wide spaces of time seem to separate us from that morning in the early days of the War when Lady Paget and her company of nurses left Waterloo for Serbia to the cheers of those who remained on the platform. What a world of experiences has been packed into a brief eighteen months. They have worked through the typhus epidemic, Lady Paget contracting the disease; they have rendered excellent service to the sick and wounded in hospital at Uskub; they have been prisoners of war in the hands of the Bulgarians, have been interned at Sofia for four weeks on their homeward journey because they came from the

zone of operations, and travelling by way of Petrograd and Scandinavia, and at length arrived at Newcastle-on-Tyne, and from thence came to King's Cross, where they were met by a party of friends and representatives of the Serbian Relief Fund, Sir Ralph Paget having met the train at Newcastle.

We are glad to learn that members of the party state that they received every consideration from the Bulgarians, who seemed anxious for it to be realised that they played a civilised game. At Sofia Lady Paget was the guest of the Queen, and the rest of the party of the Bulgarian Red Cross.

The question of adopting a War Emergency Rule for the admission of members to the Australasian Trained Nurses' Association, proposed by the Council, was considered at a special general meeting of members held in Sydney, at which Miss Blomfield presided.

Dr. McKelvey proposed the rule, which provided that "Any nurse who has been engaged for a period of three years' nursing in a hospital or hospitals recognised, or deemed worthy of recognition by the Council of the A.T.N.A. . . . and who has passed the membership examination in Sydney for general nurses, shall be eligible for registration. Such nurses shall be entered in the Register as admitted under Rule XXII (War Emergency)."

Dr. McKelvey contended that nurses not fully trained must be employed during the War and the Council thought it better that the ranks of such nurses should be sifted, and those who could submit proofs of a fair amount of hospital training be registered, provided they could pass the ordeal of the membership examination.

We are of opinion that the members did wisely in defeating the resolution by a considerable majority.

FRENCH FLAG NURSING CORPS.

Letters have been received from a number of Sisters this week, acknowledging with great pleasure the brles of comforts for the patients which we have been able to forward, through the kind offices of the Croix Rouge Française. Rubber rings, feather pillows and pillow slips, and, of course, socks, shoes and shirts, are greatly valued; and this week we have to thank Mrs. L. M. Halkett for most generous gifts: First, a cheque for £15, for a gramophone and cigarettes; a cheque for £5 for pillow slips; and six new rubber rings. These gifts are for the Sisters at Toul, and will be received with delight.

Mrs. Farnham sends £5, Miss Farnham £1, in recognition of Miss Haswell's good work for the Corps.

Miss G. B. Hunt and her pupils most kindly send ros. a week to the Fund, and a constant supply of beautiful woollen gifts, which have found their way into many hospitals in France during the past three months.

One of the most valued and devoted members of the Corps is now on sick leave in the South of France. She is being well nursed and cared for (Miss Ellison having travelled to Grasse to see to her comfort), but we should be happy to forward gifts of nourishing food to tempt her appetite—such as nourishing soups, jellies, cakes and chocolate—if any kind people will forward them to 431, Oxford Street, London, W.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in home hospitals:—

Auxiliary Military Hosp., Godinton, Asford.—Miss J. L. Woodnorth.

Princess Christian Hosp., Englefield Green.—Miss J. O'Kiordan, Miss E. M. Smith.

Red Cross Hosp., Christchurch, Hants.—Mrs. M. E. Scott.

Red Cross V.A.D. Hosp., Stanley Castle, Worcester.—Mrs. C. Alchin.

Albion House, Newbury, Berks.—Mrs. G. Jenkins.
V.A.D. Hosp., Eastwood, Notts.—Miss S. J. Deekes.

V.A.D. Hosp., Normanhurst, Battle.—Miss E. M. Haywood.

Finchley Military Hosp., King Edward Hall.—Miss M. Cromie, Miss E. Neale.

Roundhay Auxiliary Military Hosp., Leeds.—Mrs. M. Humphries.

Mill Dam Hosp., South Shields.—Mrs. L. Darley, Miss F. Day.

Red Cross Hosp., Woodhall Spa.—Miss T. A. H. Dunne.

V.A.D. Hosp., Spalding Hall, Lincs.—Miss E. Lethridge.

Princess Christian's Hosp., S. Norwood Hill.—Miss F. E. Aris.

V.A.D. Hosp., Loddon, Norfolk.—Miss R. M. T. D'Arcy.

5, Chichester Terrace, Brighton.—Miss M. B. Galavan.

Longleats, Warminster, Wills.—Miss C. E. Skinner.

Horblyng V.A.D. Hosp., Lincs.—Mrs. E. J. Nye.

Red Cross Hosp., Highfield Hall, Southampton.—Miss F. B. Fish.

Beechcroft Mil. Hosp., Woking.—Mrs. T. Boswell.
N. Staffordshire Inf., Stoke-on-Trent.—Miss R. Owen.

Battenhall Hosp., Worcester.—Mrs. Glen-Clarke.

Red Cross Hosp., The Barracks, Grantham.—Miss A. Garbutt.

Red Cross Hosp., Downham, Norfolk.—Miss N. Wheeler.

De Walden Court Hosp., Eastbourne.—Miss C. E. Hutchinson.

ALBION AD.

Chalet Guyon.—Sisters M. E. Moore, Dale, C. S. Tounce, J. M. Drummond, Agnes M. Higgs, A. B. Pinninger.

Boulogne.—Sisters Margaret A. Jennings, Thomas, A. A. Scott.

CARE OF THE WOUNDED.

Miss Mercedes Novill, who is Hon. Secretary of the special sub-committee of the Council of the Order of St. John, informs us that the following articles will be gratefully received for its stall at the British Women Workers' Exhibition, to be held at Prince's Skating Club, 10, St. Mark's Road, The Invalids' clothing and requisites; cake, chocolate, sweets, biscuits; cigarettes, tobacco, pipes, walking sticks; scent, soaps, tooth brushes, shaving brushes; games, puzzles, housewives; and writing pads and paper.

Articles to be sent to 3, Grafton Street, Piccadilly, c/o. Mrs. Arthur James.

circumstances, at once to enter their names under the enrolment scheme established by the Central Medical War Committee.

The picture on this page is from a photograph of the oil painting by Miss Margaret Lindsay Williams, and presented by Sir William James Thomas to the King Edward VII Hospital, Cardiff. In days to come this will be an interesting presentment of the conditions prevailing in hospitals in this country during the great war.

At the annual Court of the Governors of Charing Cross Hospital Mr. George Verity, the Chairman, said that exactly half the 300 beds were available



(Photo.)

(Hospital, Cardiff.)

PRESENTATION PICTURE TO THE KING EDWARD VII. HOSPITAL, CARDIFF.

MISS MONICA DEBY
WILSON, R.E.C.
(London.)

SIR W. J. THOMAS
(Cardiff.)

SISTER
MARY
JONES
(Cardiff.)

PRIVATE E. L. DAVIES
(Cardiff.)

From the 'Illustration' by Miss Margaret Lindsay Williams.

The profits of the stall will be given to the St. John Ambulance Brigade Hospital, at Etaples, which has been such a great success.

The Red Cross Sale at Christie's is now in full swing, and many valuable gifts are being disposed of. Copies of the catalogue may be obtained from Messrs. Christie for 3s. post free.

The War Office asks all qualified medical men not exceeding forty-five, irrespective of their

for soldiers and sailors, and the efficiently-organised convalescent service had enabled the beds to be cleared rapidly. In "after care" work it was the boast of the hospital that not one soldier had left who required an artificial limb or employment who had not been provided for.

We regret to learn that one of the most beautiful hospitals in Scotland has been injured in the recent air raid. Let us hope that the patients escaped injury in this indiscriminating slaughter.

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee was held at 431, Oxford Street, London, W., on Saturday, April 1st, at 4 p.m., Mrs. Bedford Fenwick in the Chair.

The meeting was convened to receive a report from the representatives of the Society of the conferences held with the Hon. Arthur Stanley, M.P., Chairman Joint War Committee, and the promoters of the College of Nursing, Limited.

Miss M. Breay presented the following Report :—

REPORT.

Since the announcement of the scheme to found a College of Nursing for the government of the nursing profession, launched under the auspices of the Joint War Committee under the chairmanship of the Hon. Arthur Stanley, M.P., three conferences, attended by delegates from this Society, have been held by the promoters.

The first, held at 83, Pall Mall, S.W., on February 23rd, was summoned for the purpose of discussing the College of Nursing Scheme, and attended by representatives of nurses' organisations. Miss Beatrice Kent attended as the representative of this Society.

Mr. Stanley defined the important points in his programme as State recognition of nurses, self-government, a uniform curriculum, a final examination and test for registration the same for all.

Miss Haughton then presented a paper on the College of Nursing.

A full report of this conference appears in *THE BRITISH JOURNAL OF NURSING* of March 4th.

The next meeting was one between the Hon. Arthur Stanley and his advisers, and representatives of the Central Committee for State Registration of Nurses, held at the Royal Automobile Club, Pall Mall, on March 2nd. The representatives of this Society on that occasion were Miss Beatrice Cutler and Miss M. Breay. ▶▶▶

A memorandum was presented by Dr. Goodall on behalf of the Central Committee for State Registration of Nurses. The report of this conference was published in the issues of *THE BRITISH JOURNAL OF NURSING* of March 11th and 18th, and subsequently republished in pamphlet form.

The last Conference, on March 24th, at 83, Pall Mall, S.W., was held after the Memorandum and Articles of Association of the College of Nursing had been in the hands of the affiliated societies for a few days. They were astonished to find that the scheme was the same, with the substitution of the word College for Society, and a few verbal alterations, with the Memorandum and Articles of Association of the "Society for promoting the Higher Education and Training of Nurses," the incorporation of which, without

the word "Limited," was successfully opposed before the Board of Trade in May, 1905. This Scheme, like the present one, emanated from Guy's Hospital. In view of the widespread opposition in 1905, the promoters requested that the consideration of their application might be deferred until the Bills before Parliament for the Registration of Nurses had been disposed of, and the opponents were officially informed by the Board of Trade that the consideration of the application would accordingly stand over. That reason still holds good.

It seems almost incredible, therefore, that busy medical men and nurses should have been compelled to come to London from the provinces, Scotland and Ireland to discuss a scheme under another name which had been thoroughly discussed and rejected eleven years ago.

It was agreed at this meeting that the Nurses' Registration Bill should be taken as the basis of discussion at a meeting in three weeks' time, and that the Parliamentary draughtsmen on each side should suggest how the two schemes could be included.

This was carefully done by Major Chapple in collaboration with an eminent Parliamentary draughtsman at the House of Commons, and was ready for discussion at the meeting convened for March 24th.

The representative of this Society at the third Conference was Miss M. Breay, as it was agreed at the previous meeting that only one representative from each Society should attend, so that a small Conference should discuss the Nurses' Registration Bill and the Memorandum and Articles of Association of the College in the hope of arriving at an agreed Bill.

Invitations to attend the Conference were, however, sent to a large number of other persons, so that upwards of fifty were present, the majority of whom were not intimately acquainted with the clauses of the Bill. Mr. Stanley ruled that it was impossible that the Bill could be discussed by so large a number, and the Conference took the form of the affirmation of general principles.

The following resolution was carried with two dissentients :—

"That this meeting affirms as the basis of any agreement the necessity of (1) State Registration, (2) Uniform curriculum, (3) A one-portal examination after such period of training as may be found desirable."

Owing to the informal method of conducting the Conferences, no minutes having been kept of the proceedings, there was much waste of time with a minimum of result, and the Memorandum and Articles of Association of the College of Nursing which are dangerously autocratic in so far as trained and practising nurses are concerned, were not considered in detail at all.

The promoters of the scheme, no doubt owing to the declared antagonism of the organised nurses' societies, which were prepared to oppose their application for incorporation by the Board of

Trade without the word "Limited," decided to prevent this public expression of opinion by obtaining a licence as a Limited Liability Company.

A Council has been nominated by Mr. Stanley largely composed of the matrons of large general hospitals and a few doctors. So far the nurses themselves, whose educational and incidentally economic conditions are to be controlled, have no voice in the management of their own affairs. So that if a Bill for their registration by the State is not agreed upon between the legal and voluntary registrationists, the rank and file of the profession will find themselves in an exceedingly dependent and dangerous position under the constitution of the Nursing College.

MAJOR CHAPPEL.

The Report having been adopted, the President gave a brief review of the situation. She reported that Mr. Stanley had issued another invitation to the Central Committee for the State Registration of Nurses, to appoint representatives to meet members of the registration sub-committee of the College of Nursing, in the hope that they would be able to come to an agreement upon the terms of a Bill to be brought before Parliament as an agreed Bill at as early a date as possible. She had seen Mr. Stanley and had been assured that if such a conference were agreed to, it would be conducted in a thoroughly business-like manner, the minutes of the proceedings to be recorded, thus there would be no ambiguity as to conclusions. Under such conditions she was prepared to support the appointment of delegates from the Central Committee to take part in the Conference.

Several members present took part in the discussion, all being of opinion that as the Nurses' Registration Bill was originally drafted by that Committee, and introduced into Parliament upon their behalf, none of the essential principles contained in it should be conceded. The profession as a whole was determined not to be governed by a nominated Body of Matrons and others, however admirable individually, such as the Council of the Nursing College, which was most undemocratic and undesirable. Trained nurses claimed and must insist on having a Governing Body under the Bill upon which they had direct and adequate representation. They were of opinion that Major Chapple, who realised their point of view, should retain control of the Nurses' Registration Bill in the House of Commons.

Ultimately the following Resolutions were passed unanimously:—

RESOLUTION I.

"This meeting of the Executive Committee of the Society for the State Registration of Trained Nurses emphatically re-affirms that only through an Act of Parliament providing for the State Registration of Trained Nurses by an elected Body, on which the registered nurses themselves have direct and sufficient representation, can

the Profession of Nursing be effectively and justly organized; and that any voluntary scheme, such as that proposed by the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee in the 'Memorandum and Articles of Association' of the College of Nursing is calculated to impede such legislation; this meeting therefore emphatically supports the Bill for the State Registration of Trained Nurses drafted by the Central Committee, and desires to urge upon the Government, and upon Parliament, the pressing necessity which exists for passing such a Bill without delay."

RESOLUTION II.

"This Committee welcomes the proposal that representatives of the Central Committee for the State Registration of Nurses should, in equal numbers, meet the representatives of the College of Nursing in conference, to discuss, without prejudice, a Bill for the State Registration of Nurses, in the hope that an agreed Bill may be adopted incorporating the principles embodied in the foregoing Resolution, and empowers its delegates to act on such a Committee."

RESOLUTION III.

"This Committee is of opinion that the Constitution of the proposed College of Nursing, as defined in the Memorandum and Articles of Association, is not only useless to effect the good organization of the Nursing Profession, but constitutes a danger to the personal and professional liberty of trained nurses, as it places the workers under a nominated Governing Body composed largely of hospital officials, who have no right to exercise authority over them. This Committee, therefore, recommends that a Nurses' Protection sub-committee be here and now constituted to safeguard, with vigilance, the rights and privileges at present enjoyed by certificated nurses."

The following Committee was then elected:—

NURSES' PROTECTION SUB-COMMITTEE.

Chair, Miss E. B. Kingsford.

Hon. Secretary, Miss H. Hawkins.

Press Representative, Miss B. Kent.

Political Representative, Miss A. Hulme.

Miss E. J. Hurlston.

Miss M. Harvey.

Miss C. Lee.

Mrs. Porter.

with power to add to their number.

THE BILL.

The Nurses' Registration Bill was considered with the additions proposed by Major Chapple after discussion with the Parliamentary draughtsmen. It was agreed to consider the suggestions more thoroughly at another meeting, but the suggestion of the President that a certain number of Matrons in active practice should be elected on the General Nursing Council by the Matrons of Hospitals to which medical and nursing schools were attached, was approved.

DIRECTORS AND FOUNDED MEMBERS.

The Directors and first members are: The Hon. Arthur Stanley, M.P.; Miss Haughton (Guy's), Miss Lloyd Still (St. Thomas'), Miss McIntosh, St. Bartholomew's, Miss Montgomery (Middlesex), Miss Mowat (Whitechapel Infirmary), Miss Rosalind Paget (Midwives' Institute), Miss Ray (King's College Hospital), Miss Sparshott (Royal Infirmary, Manchester), Miss Swift (Joint War Committee), Miss Vincent (Royal Infirmary, Leicester), Miss Seymour-Yapp (Ashton-under-Lyne Infirmary), Mr. Comyns, Berkeley, M.C. Cantab (Middlesex Hospital), Sir E. Cooper Perry (Guy's Hospital), Dr. H. G. Turney (Chairman Nurses' Co-operation), and Dr. Jane Walker.

It will be remembered that the first intention of the promoters of the College was to apply to the Board of Trade for leave to become incorporated without the word "Limited." This intention has now been abandoned. No such application has been made; and the College has been registered with the Joint Stock Registry at Somerset House, as a Limited Liability Company—a bad beginning, because it indicates that the promoters were aware that so strong an opposition would have to be met before the Board of Trade, that, presumably, they dare not face it, otherwise they would not have taken the unusual step, for an institution of this kind, of registering as a Limited Liability Company.

THE COUNCIL.

At the first meeting of the Nursing College, held on Saturday, April 1st, the following officers were appointed:—

Chairman, The Hon. Arthur Stanley, M.P.; Secretary (temporary), Sir E. Cooper Perry; The Council, Misses Lloyd Still, Haughton, McIntosh, Swift, Ray, Amy Hughes, Cox-Davies, Barton, Mowat, Baillie, Vincent, Musson, Sparshott, Seymour-Yapp, Gill, Melrose, Mr. Comyns Berkeley, Dr. Turney, Professor Glaister and Miss Jane Walker.

REGISTRATION SUB-COMMITTEE.

Misses Lloyd Still, Haughton, McIntosh, Cox-Davies, Hughes, Sir E. Cooper Perry and Dr. Turney. These bodies are not quite complete.

THE ANTI-REGISTRATION MANIFESTO.

It is noteworthy that the names of quite a number of this Council, who are now pledged to State Registration, are still on Lord Knutsford's Anti-Registration Manifesto, which states that "any system of State Registration would be detrimental to the public and harmful to the best nurses themselves." Manifestly, the first thing for these ladies now is to withdraw their names from that document, if they wish to be taken seriously by the promoters of the Nurses' Registration Bill.

The Hon. Arthur Stanley is issuing invitations to a meeting at St. Thomas's Hospital on Friday, April 7th. Presumably this is the meeting which will form the Consultative Board.

THE NATIONAL UNION OF TRAINED NURSES.

The following Resolution was forwarded to the President of the Board of Trade, on March 30th: *To the President of the Board of Trade.*

Sir,—We, the Executive Committee of the N.U.T.N., respectfully beg that an enquiry be instituted regarding the Articles and Memoranda of Association of the College of Nursing, as in our opinion, it is against the best interests of the nursing profession that the scheme in its entirety and with its present Articles of Association be permitted to proceed.

We base our protest on the following points:

1. That at this time thousands of Matrons, Sisters and Nurses are absent from England, or are so occupied by their professional duties, that they are unable either to study the scheme, or to hold conferences or meetings to discuss the subject.

2. That no full or complete account or description of the scheme appears to have been circulated in the medical press and that no special steps have been taken to consult the medical profession as a whole on the matter.

3. That, until the scheme was practically formed, no notice was sent to any of the societies representing the nursing profession, though a considerable number of persons connected with the profession had been privately consulted and informal meetings held.

4. That the "Articles and Memoranda of the proposed College" were only sent to the societies a few days before the Conference on March 24th, and that no opportunity was given at the meeting or at any other time for criticising or discussing them.

We would, therefore, most humbly beg that the said Articles and Memoranda of Association of the College of Nursing be submitted for consideration to a competent body of professional experts, with full representation from:—

The General Medical Council,
The British Medical Association,
and to organised societies of trained nurses, such as the following:—

National Council of Trained Nurses,
Matrons' Council of Great Britain and Ireland,
National Union of Trained Nurses,
Royal British Nurses' Association,
School Nurses' Association,
The Fever Nurses' Association,
Scottish Nurses' Association,
Scottish Society of Trained Nurses,
Irish Nurses' Association,
&c., &c.

(Signed) EVELYN M. CANCELLOR,
Chairman, Executive Committee.

STANDING FOR PRINCIPLES.

DEAR MADAM,—Will you allow me to explain to the best of my ability the motives which led

to the drawing up of the Petition to the President of the Board of Trade, which appears in your issue to-day and which asks for postponement of the scheme for a Nursing College.

Let me make it quite clear that we are most emphatically *not* opposing the idea of a Nursing College. To begin with we could not do so without consulting our Members and to go on with I am not aware that any one does anything but approve of the institution of a College. All we ask for is that the scheme should not be hurried through without giving ample opportunity for the medical and nursing professions at large and the public bodies concerned to express their opinions on its Memoranda and Articles, and that these opinions should be carefully weighed and also that the first Council (which will hold office for two years) shall be representative of these bodies.

It is true that meetings have been held to which representatives of these societies have been courteously invited but at the first meeting they were told that the scheme was in too fluid a state to give them definite information, and at the next they were informed that the Memoranda and Articles were fixed and could not be altered.

The National Union of Trained Nurses stands for the rank and file of the profession. It claims that only by developing their sense of responsibility for their profession and their faculties for reasoned judgment as to its needs, can the highest standards be attained.

Our allegiance to all the principles we have fought for these many years past, make it impossible for us to do otherwise than ask that the College shall be established on a democratic basis.

We hope that at this juncture all nurses who care for these principles will come forward and join the Union in large numbers and so give that strength which comes from striving for a cause in which we believe.

Yours faithfully,
E. L. C. EDEN,
Hon. Secretary.

National Union of Trained Nurses,
46, Marsham Street, S.W.

RESIGNATION OF MISS AMY HUGHES.

Miss Amy Hughes has resigned the office of President of the National Union of Trained Nurses as she has accepted a seat on the Council of the College of Nursing Limited, the Constitution of which does not commend itself to the free members of the rank and file of the Union.

NEW APPOINTMENTS.

The following appointments have been made through the N.U.T.N.:—

Armenian Refugees Relief Expedition.—Mrs. Armstrong.

Friends' War Victims Relief Committee, Chalons.—Miss A. T. Fergusson.

Auxiliary Red Cross Hospital, Fonthill, Perthshire.—Miss Cracroft (Sister-in-charge).

Crag Head Hospital, Bournemouth.—Miss W. Allen (Night Sister).

Cirencester V.A.D. Hospital.—Miss P. Greene (Staff Nurse).

Messrs. Vickers, Barrow.—Miss McDowell (Matron of a Department).

We learn that the Nursing Inspectors under the Local Government Board have received notice that they are not to express an opinion on the College of Nursing Scheme. Why not? Their colleagues, the Matrons of Poor Law Infirmarys, who are in favour of it, have been permitted to accept office.

NURSES CLAIM LEGAL REGISTRATION.

WELL DONE, NURSES OF THE MIDLANDS!

Miss Falconer, Matron of the General Hospital, Cheltenham, did me the honour of inviting me to go and address her nurses on the subject of State Registration. I most gladly accepted, and went down on Thursday, the 30th ultimo.

Miss Falconer, being herself an enthusiastic supporter of the great cause, was not content to limit the meeting to her own nurses; she had, I found, written to all the neighbouring bodies and invited their attendance, with the result that we had a very good audience, and the following societies were all represented:—The Royal Infirmary, Gloucester; the Fever Hospital, Cheltenham; District Nursing Association, Cheltenham; District Nursing Association, Gloucester; Sick Children's Hospital, Cheltenham; Imperial Nursing Home, Cheltenham; Royal Nursing Home, Cheltenham; Cirencester Hospital; Red Cross Hospital, Cheltenham.

My first duty was to draw attention to the Voluntary College Scheme promoted by the Hon. Arthur Stanley, M.P., and his advisers, and to point out that its policy and principles are in direct opposition to those embodied in the Bill for State Registration for Trained Nurses now before Parliament. Miss Falconer clearly indicated the same from the chair, and warned her hearers against the danger of the scheme which so seriously threatens the liberty of the nurses. Beginning with the historic date of the founding of this great reform (some people object to this term, but to thousands of doctors and nurses this is a reform, and a very urgent one), I told of the past and present history, and how, in spite of all opposition, the movement had grown and spread, not only in this country, but almost all over the civilized world, and that in fifty-three States and Provinces the nurses were enjoying the acknow-

ledged benefits of it. I was particularly careful to point out that in the majority of those countries where State Registration laws are in force, British nurses desiring to find employment would not be able to do so, because of their lack of legal status, unless they submitted themselves to examination; but, on the other hand, when our Bill passes into law, there will be reciprocity of registration, and they will be able to nurse wherever they please. A more interested, keen, and attentive audience, no speaker could possibly wish to have. When the Chairman threw the meeting open to discussion, the nurses rose one after the other,

the House through its further stages into law, immediately after the war.

And that, whereas the movement for State Registration is strongly supported by the British Medical Association, and that the self-governing Associations of Nurses unanimously desire it; also, that a Registration Bill was passed through the Lords in 1908 without a division, and that in 1914 the Bill was introduced into the House of Commons by the large majority of 228; this meeting considers that the prolonged delay in passing the Bill is a serious menace to the stability and prestige of the profession."



THE GENERAL HOSPITAL, CHELTENHAM.

with a most gratifying absence of hindering shyness, and asked questions, which proved their full appreciation of the importance and seriousness of the situation. I disposed of a good deal of literature, and many applied for membership to the State Registration Society. The following Resolution was moved from the Chair, seconded by Sister Fox-Davies, and carried unanimously:—

"Whereas, at the present time especially, the need for State Registration for Trained Nurses is an *urgent necessity*, this meeting desires to impress upon nurses throughout the United Kingdom the need for rendering all possible help, by pressing upon Parliament the necessity for passing the Bill now before

The nurses of the Cheltenham General Hospital are to be congratulated on having a Matron with such professional enthusiasm and width of mind and outlook; one who, having conscientious convictions, is prepared to give practical proof of the same. It did me good to hear her say: "We have a leader whom we can trust, we must follow her." This she said as I sat with her over the fire in her cosy sitting-room, with her Home Sister and one of the probationers. She kindly asked me to stay the night with her, and the following morning she took me over the hospital.

A hospital which is nearly eighty years of age is worthy of inspection; it is an interesting combination of the old and the new, and the

substitution of the new for the old; in other words, one has a concrete example of hospital evolution! Miss Falconer has only been there three years, but it is obvious that she has already effected many necessary improvements, principally better accommodation for the nursing staff; to this fact one of the Sisters gratefully alluded. As funds and war conditions will allow, each ward and other portions of the building are being brought up-to-date in decoration and equipment. The deep dado of olive-green washable paint, with a "thin red line" running an inch or two from the border, is both pleasant to the eyes and very effective. There is an excellent modern theatre unit. The window space and loftiness of the wards compare favourably with more modern hospitals. An acre of ground is laid out in profit-making gardening, and the hospital is able to make the proud boast that it is self-supporting in vegetables.

The two great needs of the building now are electric installation and a lift. It is to be hoped that the generous public will soon supply them. A drive to the station in Miss Falconer's pony carriage concluded my most enjoyable visit.

BEATRICE KENT.

APPOINTMENTS.

MATRON.

Westmorland Sanatorium, Grange-over-Sands.—Mrs. V. Wyatt has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and has since been Sister at the Royal Hospital for Sick Children, Edinburgh, and Matron at the Hospital, Bushey Heath; the Royal National Hospital for Consumption, Co. Wicklow; and the Bridge of Weir Sanatorium.

Forfar Infirmary.—Miss Houston has been unanimously appointed Matron. She was trained at the Western Infirmary, Glasgow, and has held the position of Sister at the Forfar Infirmary for four and a half years.

SISTER-IN-CHARGE.

Muirfield House, Royal Hospital for Sick Children, Gullane, N.B.—Miss Margaret Earl has been appointed Sister-in-Charge. She was trained at the Royal Infirmary, Sunderland, and has held the position of Sister at the West Kent Hospital, Maidstone, and the County Hospital, York.

NIGHT SUPERINTENDENT.

Woodlands Hospital, Southport.—Miss Mary E. Jenkins has been appointed Night Superintendent. She was trained at the Royal Infirmary, Liverpool, and has been Theatre Sister at Bootle Borough Hospital.

MATERNITY SISTER.

Edmonton Union Infirmary.—Miss Roy Taylor has been appointed Maternity Sister. She was

trained at St. Mary's Hospital, Whitworth Street, Manchester, and has held the position of Maternity Nurse in the same institution. She has also had experience of private nursing.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Emily Francis Agnes Talbot, Miss Catherine Havergal Shaw and Miss Amelia Cater have been appointed Nursing Sisters in Queen Alexandra's Military Nursing Service for India.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Jessie Kennett is appointed to Leicester as Assistant Superintendent.

Miss Kennett received General Training at Shrewsbury Infirmary, Midwifery Training at Gloucester, and District Training at Chelsea. She has since held several appointments under the Institute.

Miss Elizabeth Currie is appointed to Rawmarsh and Parkgate; Miss Sarah Gilbert to Sidmouth; Miss Evelyn M. Hedley to Portsmouth; Miss Ellen Jacob to Heanor as Senior.

CROIX DE LA GUERRE.

General Sarraill has presented the Croix de la Guerre to Mrs. Harley, Lord French's sister, administrator of the Girton and Newnham unit of the Scottish Women's Hospital at Salonika.

TO ADVERTISERS.

SUPPORT THE NURSES' JOURNAL WHICH IS INSPIRED BY BRITISH SENTIMENT.

THE BRITISH JOURNAL OF NURSING provides the medium to reach the very best class of trained nurse. It is not a sample hunting journal, but its readers comprise those who are frequently in a position to spend money. A point of importance is that being the official organ of the Matrons' Council of Great Britain and Ireland, the International Council of Trained Nurses, and many other important nursing societies, the proprietors accept only reliable advertisements and commend them to the organisations mentioned.

But let an advertiser give an experience of a practical nature. The nursing department of the well-known firm the Hospitals & General Contracts Co., Mortimer Street, W., intimated to one of the Journal's representatives that they "had received orders, not only from the British Isles, but from different parts of the world." Following this came the intimation, "We shall be glad for you to use our recommendation as we are continuing to receive answers to our advertisement in your paper."

The rates, except for special positions, are £4 per page, and pro rata with serial discounts of 10 per cent. for 13, 15 per cent. for 26, and 25 per cent. for 52 insertions. If you are not at present represented, why not try the JOURNAL, which is owned, edited and controlled by trained British nurses, whose staff is entirely British, and who express British sentiment without fear or favour?

NURSING ECHOES.

The Hon. Editor of this JOURNAL, Miss Bedford Fenwick, desires to thank the very large number of readers, personal friends and strangers, for their most kind and welcome letters in reference to the action recently brought against her by Messrs. Macmillan and Miss Swanhilde Bulan. She hopes to reply personally to every letter received, but with the Registration controversy on hand, she must plead for time. To letters of sympathy from the general public, a reply has already been sent.

at the Front, has spared no pains or skill in this direction, and the milk from the moment it is drawn from the cows in the beautiful, jealously guarded farm at Combe Bank, to the moment it reaches the infant, is safeguarded in every conceivable way from contamination by bacteria. Each ward kitchen has its cold storage, where the milk is kept at a uniform temperature not exceeding 40° F. The infants' feeds are all prepared from prescriptions in the modifying room. The wards are quite charming, containing twenty-five swing cots, sporting rival decorations of pink and blue. We were introduced to "Jack Johnson," who was



INFANTS' HOSPITAL. MILK COLD STORE.

The Queen has graciously consented to open the new Chelsea Hospital for Women on Tuesday, July 11th next, and thus gives further proof of her interest in this greatly needed rebuilding scheme and its value to a most deserving class of sufferers.

The Infants' Hospital in Vincent Square enjoys the distinction of being the only one that is exclusively devoted to babies. Other distinctive features are the elaborate and scientific arrangements which ensure a pure milk supply for the tiny sufferers. Dr. Ralph Vincent, now

brandishing puny fists in the air, hence his nickname. A tiny, tiny creature of six months old, weighing little over 5 lb., appeared to be beyond even the science and care bestowed on it, but further down the ward were happy, contented-looking infants, who one time were in nearly as piteous a condition.

We much admired the snug knitted combination garments that enabled baby to brandish his legs at will without fear of chill.

The Matron, Miss Grassitt, is rather sad because, during the war, kind friends have been so busy knitting for Tommy that her stock of

cosy jackets and leggings has run very low. Two years ago a fine new block of buildings was added, containing a nurses' home, a commodious out-patient department, and a magnificent research laboratory.

The Annual Meetings of the Nurses' Missionary League will be held on May 16th at University Hall, Gordon Square. Notices giving full particulars will be sent out with the May Leaflets. The "Camp" is to be held at Old Jordan's Hostel from June 14th to 28th. All members are asked to please note these dates carefully.

A whole-day working party was held in the Nurses' Home, Guy's Hospital, on Friday, March 31st, from 9 a.m. to 9 p.m. It was well attended, and the result, in the shape of bandages, towels, overalls, baby gowns, &c., was very good.

Addresses were given during the day by Miss Pitt, of South China; Dr. Weir, of Korea; and Miss Wood, of North China.

Messrs. Down Bros. very kindly gave a tin-lined box in which to send the goods to Miss Haward, who is in charge of the hospital in Peking.

At the meeting of the Public Health Sectional Committee of the National Union of Women Workers, to be held on Wednesday, April 12th, under the heading of The Organization of the Nursing Profession, Mr. Stanley's Scheme will be presented by Miss Haughton, the Scheme for recognition of various classes of Nurses by Miss Joseph, and the Training of Nurses by Dr. Mildred Burgess. Let us hope there will be some trained nurses present to express an opinion about their own professional affairs.

Everyone appears eager at the present moment to manage the trained nurse's affairs for her, and of impracticable schemes for the organization of our profession there are many floating

around. One emanates from Miss Joseph, who has sent round the synopsis of "A suggested basis for a Scheme for the Registration of Nurses," the basis of which is that every class and quality of nurse should be registered, and to recognise as "trained" every dabbler in any special branch of nursing, with or without what we professional women know to be a safe standard of knowledge of efficiency. It is a special plea for the uneducated village nurse to meet the needs of rural areas, and who is prepared to work for the sweated wage usually offered by County Nursing Associations. The fear is that if these nurses are debarred from being registered or recognised, they will cease to undertake this ill-paid and arduous work.



RIKS HOSPITAL, COPENHAGEN: A DRESSING ROOM.

The Riks Hospital is one of the newest hospitals in Copenhagen—a splendid building, not only up to date in every respect, but everything possible is done to satisfy the sense of beauty as well, which is certainly a factor in the helping of the patients towards recovery. Attached to each ward is a room specially adapted for dressings and small operations, and this is shown in the picture.

Miss Troy has recently opened a Nursing Home at 3, The Bank, Highgate Hill. The house is delightfully situated at the top of the hill, and overlooks Waterlow Park. It has a charming walled garden, where both flowers

and vegetables are produced; the latter, straight from the garden, of course will be greatly appreciated by the patients.

The house itself seems to leave nothing to be desired, and one cannot imagine a brighter impression than is here given to the occupants of the various rooms. The furniture and the beds, which look the acme of comfort, are enamelled white, and the gay eiderdown quilts are covered to match the curtains and chair-covers; even the china tea services are *en suite*. When we say that the scheme is rose pink and the pattern shaded roses, it will be well imagined that it harmonises delightfully with the pale coffee-coloured walls. The carpets throughout the house are of soft harmonious Persian patterns. An impression of cheerfulness and welcome reigns throughout, and one can imagine no more suitable environment for tired nerve cases. Just the place, we exclaimed, for officers suffering from shell-shock, who would value its privacy and homelike surroundings.

We understand that the cooking and food are excellent. There is throughout evidence of the personal touch and supervision. We anticipate a long waiting list for Miss Troy's Home when it becomes more widely known. A great feature are the moderate fees, which start from £3 3s. weekly.

EAST LONDON NURSING SOCIETY.

The Annual Meeting of the East London Nursing Society was held at the Mansion House on Wednesday, March 29th, the Right Hon. the Lord Mayor, Sir Charles Wakefield, presiding.

The Chairman of the Executive Committee, Mr. John Tennant, announced that the Bishop of London, who was expected to speak, had to preside at another most important meeting where his presence was indispensable, but that the Bishop of Stepney, Dr. Luke Paget, had kindly consented to take his place.

The Lord Mayor gave a short opening speech, in which he pointed out that owing to the number of hospital beds now requisitioned for wounded soldiers a larger number of the civilian population had to be nursed in their own homes. Also that the staff of district nurses was diminished in consequence of so many trained nurses having offered their services for war nursing. He appealed for the support of this good work, especially at this time when the cost of living was so much increased.

The Bishop of Stepney said that it was very difficult to be called upon suddenly to take the Bishop of London's place; he ought to have an understudy; but the audience now knew the worst. He said, however, that after seven years work in East London he was in a privileged position to speak of the work of the nurses. Words could not express their good offices, which did so much

to alleviate, and indeed almost annihilate, pain. The needs of the Society were never greater than now. Even with the large demands of the War, there was still plenty of money if only people would not play with economy but pursue it with serious sustained effort.

A new hat in these times was a thing to be apologised for; while a new piece of jewellery was a thing we should be ashamed to show to our intimate friends.

He told an amusing story of how, before the advent of the district nurse, a poor woman was sent twelve leeches to apply to her husband. She, in great distress, told the doctor that he didn't fancy them anyhow, either boiled, fried, or done in batter.

Alderman Sir Lulham Pound, Bart., said that, instead of the Lady of the Lamp, the East End nurse might be called the Lady of the Torch, as some generous person had presented every nurse with an electric torch. These brave, unselfish, loving women deserved all honour. No one except those who had had a dangerous illness, or had undergone a serious operation, knew the comfort of being looked after by a trained nurse.

Dr. J. Reidy, D.P.H., spoke of the factory girl with her first baby as the most helpless creature on earth; and though the Health Visitors did good work, they could not compare with the nurses. These were, indeed, a blessing to the sick poor; they washed, dressed, tended them, and soothed their last moments.

His Worship the Mayor of Poplar, in moving the re-appointment of the Council, said that in a committee of five it was often most successful when four did not turn up.

Sir Arthur Downes, L.G.B., said that he hoped one lesson we should learn from the War was not to institutionalise old people so much; it was now demonstrated that many could be nursed in their own homes.

His Worship the Mayor of Stepney said, with regard to economy, that darned garments should be used as a flag of victory.

There was a large and interested gathering, which included a considerable representation of the East London Nurses, in their neat professional uniform. After the meeting they were entertained to tea at the Mansion House.

A POPULAR CLUB.

Only those who know the detailed work involved in successfully managing a residential club for nurses, realize the many qualities that go to the making of a good Superintendent. She must be a first-rate domestic manager, a capable woman of business, a good hostess, a sympathetic friend. Does the description call to mind Miss Bertha Cave, of 56 and 57, Kensington Gardens Square, whose one thought is the comfort of her guests? She has just installed an electrophone, which, no doubt, will add to the popularity of the club.

A STRANGE TEA PARTY.

Some months ago I was a patient in one of our large hospitals, and found life there very interesting. It was so different from anything I had ever imagined, and was more like a busy workshop than a sick room. Precisely at 6 a.m. the lights were turned up and breakfast was served. The patients were washed, their beds made, the floor swept and polished, and everything dusted even to the wainscot behind the beds, at top speed.

At first it made me dizzy and tired to watch the nurses working. They did everything so quickly. They walked quickly, talked quickly, and they never sat down or stopped working until 8 p.m., when the lights went out and the day nurses went off duty, and as they passed through the door leading to the nurses' quarters I could hear the rush of many feet, and the laughing and talking of a hurrying crowd. They never seemed tired, they came on duty briskly, and they went off just as briskly.

One of the nurses was the daughter of Sir Walter Tregonen, who owned the whole of the village in which I lived, and many acres besides. No servant in his house worked so hard as did his daughter Nurse Janet in that hospital.

As a child I had been taught to curtsy to the Hall folk, and now here was I being washed and waited upon by one of them. Truly this is a topsy-turvy world.

My bed was so placed that I could see the entrance to the next ward. I could also see into our ward kitchen, which was really more of a serving-room than a kitchen.

One night, about 12 o'clock, I saw six men enter the opposite ward, walking very quietly and slowly in single file. The first man carried a large brown teapot, the second a milk jug, the third a basin of lump sugar, the fourth some teacups, the fifth some saucers, and the sixth carried a plate of buns. As they passed under the lamp in the corridor I could see their faces distinctly. They all looked very grave and solemn as though they were attending some religious ceremony instead of a midnight tea party, and the one who carried the teapot was the house surgeon in whose charge I was. I watched for some time to see if they would return, but grew tired and fell asleep at last without seeing them.

The next day being visiting day an old school-fellow came to see me who had once been a patient in the same hospital. I told her about the six men I had seen the previous night, and she said: "You must have dreamt it, because no men could do such a thing but the resident doctors, and they would not, as the rules here are fearfully strict. I know, because I was very friendly with one of the nurses here, and she told me that the doctors could not go into a ward except professionally, and they were not supposed to speak to the nurses except about the patients, and if one of the nurses were found speaking

to a doctor there would be a dreadful fuss. The Matron is such a dragon that I am sure no nurse would risk having a tea party in her ward, and if she did do such a silly thing they would not bring their own crockery, as there is plenty in the kitchens."

But I was sure it was no dream, and that night I watched to see if they would come again. At 12 o'clock I heard a board creak, and sure enough there they were. Like the night before, the procession was headed by Mr. Grant, who was a very powerfully built man, but this time they came into our ward. Each man walked quite three yards behind his predecessor, who carried his contribution in both hands, held straight out in front of him rather above the level of his own shoulders, which, with their very grave faces, and their slow and solemn manner of walking seemed more in keeping with some strange religious rite than a tea party. As I said before, I could see straight into the ward kitchen. I could also hear all that was said there. When the tea party arrived the night nurse was boiling some milk. She did not seem at all surprised to see them, merely remarking, "So it is my turn to-night, is it? Well, of course you know I shall have to report you to the Night Sister?" No one answered her. They did not appear to know that she was present, so she left them and they went on with their preparations.

The big man poured some boiling water into the teapot, rinsed it round carefully, then poured it down the sink. He then held it out to the man who had carried the milk jug, who took a spoon and a packet of tea out of his pocket and measured carefully six heaped teaspoons of tea into the pot. Then the big man made the tea, while the milk-jug man, who was small and dainty, took from another pocket a small cloth, which he spread upon the table; he then took the things from the other men and arranged them on the cloth. The cloth was very small and the table very large, so two of the men seated themselves on the uncovered part of the table. The little man and the big one took the only chairs, one man sat on the linseed meal tub, and the last man sat on the floor leaning in a loving manner against my big doctor. The little man poured out the tea, tipping each cup sideways so that the tea should make no noise. He had pretty hands like a girl's, but no girl of my acquaintance could pour out six big cups of tea without making a sound. They passed the one teaspoon round to each other, the last man to use it putting it on the tablecloth. In silence they ate their buns and drank the tea. Then the big man held a large basin—which always stood in the sink—close to the water tap, while the little man turned on the water, the sugar basin man produced a tea-cloth from one of his pockets, the big man washed the cups, the little man dried them and gave them to the cup-bearer, then the saucers, bun plate and milk jug. There was some milk in the jug, which the big man emptied down his own throat. At the side of the sink stood a large plate of tea leaves, which would

be used in the morning for sweeping the ward floor; on to this the big man emptied his teapot, washed it and passed it to the little man to be dried. The tea-cloth was folded up and pocketed by the sugar man, the little man taking the table-cloth; the big man lowered the light, then they left in the same order as they came, the last man carrying the empty bun plate clasped to his breast. I never saw the tea party again, though I watched for them several nights.

The other day I met one of the nurses and after a talk about things in general, I asked if the resident doctors still had midnight teas in the ward kitchens. She laughed and said: "Oh, no; that was done on purpose to make the Board give them the means of having supper if they wanted it. They dine at 7 p.m., and after that they could have biscuits, cheese, and bottled beer, but they wanted something warm, and had no means of getting it, so they started the tea parties. They went to a different ward every night, and, as you know, there is always plenty of boiling water in the ward kitchens, so they had no difficulty in making the tea. The nurse, of course, had to report them to the Night Sister. The first night she tried to persuade them to go away, but they pretended they did not hear or even see her. The second night she got angry with them and reported them to the Matron in the morning, who said 'it was not to occur again,' but it did, so she reported them to the Chairman."

"At the next meeting of the Board they were sent for. Mr. Grant was spokesman; he is about 6 ft. 4 in., a great footballer and boxer. He said they had done no harm; they had taken nothing belonging to the hospital excepting a little boiling water; they had used their own china; they had made no noise or mess; they had not spoken to the nurses, no, not even to the Sister."

"The Chairman asked why they did not make the tea and take it to their own rooms?"

"Mr. Grant said they always understood that tea should be drunk as soon as it was made, or it was apt to weaken the nervous system, and they did not think it right to run such a fearful risk."

"This was too much for the Chairman, coming from Grant, too; he roared with laughter and dismissed them. The next day they had a gas ring, a kettle and saucepan, and, of course, did not have to buy their own tea or do the washing-up."

M. H.

WOMEN'S INSURANCE BLUNDER.

Speaking at an insurance conference at the Central Hall, Westminster, on Saturday, Mr. H. Kingsley Wood, vice-chairman of the London Insurance Committee, said a colossal actuarial blunder had been made with regard to the insurance of women, especially married women, and £500,000 was a conservative estimate of the annual deficiency. On the present contribution for sickness benefit only 6s. instead of 7s. 6d. per week could properly be paid to women.

THE PEOPLE WHO RUN.

Miss Violetta Thurstan's new book, "The People Who Run," will be issued by Putnam's Sons at an early date. It will be in a uniform edition with her former popular work "With Field Hospital and Flying Column," and is to be published at 2s. 6d. We have had a privileged peep at the MS. of the new book, and predict a great success for it.

The Russian word for refugees is *Béjentez*. The word means "the people who run," and Miss Thurstan says "it would be difficult to find a more appropriate title for those five and half million dazed and terrified people who fled away from their homes in the summer and autumn of 1915 before the great German advance into Russia. From the farms and homesteads of Poland, the peaceful plains of Lithuania, the seaports of the Baltic provinces, from the mountains of Galicia and Ruthenia they fled, in order to escape the roaring cannon and the devastating fire of the enemy. . . ." The Russian journalist Kasiunine describes the scenes he witnessed in the refugee trains as a 'terrific nightmare.' The sketches are the result of Miss Thurstan's recent visit to Russia to enquire into the conditions under which the refugees are living. The difficulty has been not to gather the material, but to sift from the great mass of reports, statistics and facts what seems to be most worth telling.

The refugee problem will not be over with the end of the War. Miss Thurstan describes with a vivid pen her journey to Russia, the strangers and pilgrims she met on the way, Christmas Day at Gatchina, which is such a beautiful festival in Russia, how it fares with the refugees at Petrograd, at Moscow (which claims to be the most progressive city in the Russian Empire), in Kiev, which the guide book tells you is the Jerusalem of Russia, and the mother of the Russian Orthodox Church.

Kiev is the gate of the west, and being comparatively near the front, had to stem the torrent of the eastward-bound fugitives. By rail, by road, by water they came pouring into the city. The Tatiana Committee did wonders. A visit was paid to the charming hospital arranged for refugee children. Everything here was beautifully white, clean and pure. The walls, the cots, the furniture, the Sisters' dresses were all white. Even the stray visitor was not allowed to pass into this White City without first donning a white overall. It was a great joy to see half a dozen convalescent boys tucking into their dinner with great zest; and such a fine dinner, too! Minced cutlet, fried a delicate golden brown, creamy mashed potatoes, followed by beautiful pink translucent Kiesel, a sweet dish made of potato flour and cranberry juice, which all Russian children love, and which is very easily digested. Down in the basement "A little drop of milk depôt" (where pure sterilised milk could be

obtained) was arranged, so that out-patients who still require special diet will be able to continue their treatment. A certain object in a blue frock which matched its eyes, very small and very vain, adorns the wards. They do not know its name, so they call it Olga, and Mistress Olga is the oldest inhabitant of the hospital, and the first child to have been brought in. She lay in her little cot for weeks apparently dying. Then one day she suddenly changed her mind and got better with amazing rapidity. She was playing with one of the Sisters when we entered, but basely deserted her as soon as she caught sight of the big black-bearded doctor who was taking me round. She staggered successfully across the ward without tumbling down, and then clasping the doctor affectionately round the leg imperiously bade him admire her new frock. Oh, the poor, poor mother who lost this fascinating person! She may still be frantically searching for the little fairy-like damsel, or more likely she is dead, as are many of the army of mothers who left their homes in the west for the inhuman country in front of them.

Of the refugees of the interior, Kazan and its terrible barracks, tenements and common lodging houses, Miss Thurstan gives a graphic account. Terrifying visions of horrible infernos, which will be deeply ground for ever on the minds of all who saw them. A barn-like place, the air thick and stale and foul, no furniture except the wooden shelves used as beds—the other beds are those heaps of rags on the floor. . . . We suddenly realised that those dark heaps on the floor were people—men, women, girls, lads lay about everywhere in uneasy sleep.

A little dead child lay on one of the shelves. Its mother, worn out with days of watching, lay asleep, with flushed, tear-stained face, by its side. . . .

The chapter on Jewish refugees is extraordinarily interesting. "When war broke out the Jews realised that Russia was their fatherland, and behaved splendidly. A quarter of a million Jews volunteered for military service and fought very bravely, and did everything possible to prove their loyalty, with the result that a new respect between Russians and Jews is steadily growing. . . . The Czar himself has rewarded the heroic conduct of a young Jew with the Military Cross of St. George for recapturing the Russian standard during a fierce struggle with the enemy." And yet "the greatest tragedy of war is not seen upon the battlefields."

Look out for "The People Who Run." It is an amazing bit of work, upon which we very warmly congratulate its talented author.

E. G. F.

It is to Messrs. Putnam's that nurses must turn for a really adequate Medical Dictionary. The "Medical Dictionary for Nurses" by Miss Amy E. Pope is admirable. The price is 3s. 6d.

WHERE TO SHOP TO THE BEST ADVANTAGE.

HOSPITAL SUPPLIES AND EQUIPMENT.

Both nurses and institutions can hardly find a more convenient shopping centre than the Hospitals & General Contract Co., Ltd., 19 to 35, Mortimer Street, or one where they will be better pleased with their purchases when made when they consider the quality of the goods supplied and the moderate prices charged. For instance, most nurses think a rubber hot-water bottle not only a luxury but a necessity. One supplied by this firm, size 12 in. by 8 in., price 5s., with a two-years' warranty, is a specimen of the value given. Moreover, whether the order given is for the equipment of a hospital throughout, or for some item required by an individual nurse, customers are always treated with consideration and courtesy and every effort is made to meet their requirements. The firm are contractors to the Admiralty, the War Office, and the British Red Cross Society. We commend to notice the hygienic enamelled steel bedpan, with lift-off rim and cover, which has only to be seen for its advantages to be appreciated. When calling at this establishment, nurses should on no account omit to visit the Nurses Equipment Section, a section we specially commend to those proceeding abroad, as they can rely upon the quality of supplies sent to them if they send home orders.

MESSRS. E. & R. GARROULD, 150, Edgware Road, W., have an attractive salon where everything that Matrons and Nurses can need for themselves or in connection with their work is conveniently displayed. It should be noted that they are contractors to the St. John Ambulance Association and the British Red Cross Society, and supply the complete official uniform of both, including the new Red Cross regulation cap. The handy Nurses' catalogue should be filed for reference, as orders by post become an easy matter after consulting its pages.

MESSRS. DOWN BROS., St. Thomas' Street, S.E., are a household word for all that is excellent in hospital equipment and supplies. The standard of their surgical instruments is too well known to require emphasis, and an operating theatre furnished by the firm is the last word in up-to-date equipment.

MESSRS. ALLEN & HANBURY, 37, Lombard Street, E.C., are a firm upon whose preparations both nurses and midwives place great reliance. Recently in response to suggestions and requests from members of the medical profession for an improved Casein-Glycerophosphates Nerve Food they have produced under the name "Bynogen" a tonic food possessing the advantages of high nutritive power, ready miscibility and attractive flavour. "Bynogen" contains pure soluble Milk Protein and the Glycerophosphates of Soda, Lime and Magnesia; to these is added a specially prepared Dextrine-Maltose. "Bynogen" is thus rendered easy of assimilation and the pleasant taste is a strong point in its favour.

Toxol is an all-British disinfectant which has won the highest praise, which is not surprising, seeing that it is prepared by experts in the laboratory of MESSRS. BOOTS PURE DRUG CO., the well-known chemists, who allow special bulk terms to hospitals and institutions.

One of the niceties of the toilet, as well as a real preventive of disease, by the application through its agency of simple rules of hygiene, is Listerine, manufactured solely by the LAMBERT PHARMACAL COMPANY, St. Louis, U.S.A. It is a non-poisonous antiseptic solution, and properly diluted is a valuable mouth wash, as well as gargle or spray.

The many preparations of LYSOL, LTD., Warton Road, Stratford, E., are always of great value. The well-known antiseptic bearing the firm's name is largely used by nurses and midwives, as is the popular "Lysol" soap. Both are declared to be British made and owned.

SPHAGNOL PREPARATIONS.

The preparations placed on the market by PEAT PRODUCTS (SPHAGNOL), LTD., are specially interesting just now as testimony from the seat of war goes to prove that they are being successfully used in the treatment of "trench sores," insect bites and other irritating ailments, which may easily develop into serious conditions if not suitably treated. The headquarters of PEAT PRODUCTS, LTD., are at 18 and 19, Queenhithe, Upper Thames Street, E.C.

FOODS, ETC.

BOVRIL, supplied by Bovril, Ltd., of Old Street, City Road, E.C., needs no introduction to nurses, its stimulating and body-building power being well known to them. The cattle from which the meat used in making Bovril is derived are reared in the pasture lands of the Argentine Republic, declared by Mr. George Lawson Johnston, chairman at the annual meeting of the company last Tuesday, to be the finest stretch of pasture land in the world.

An eloquent testimony to the value of VIROL (also of Old Street, E.C.) is contained in the fact that it is supplied in over 1,000 hospitals. Excellent results follow its use with children, whilst in the months preceding and after childbirth mothers find it of value in maintaining their strength.

VITAFER is a tonic food produced by the well-known firm of Southall Bros. & Barclay Ltd., Birmingham, a comparatively new food, the steadily increasing demand for it, and its proved usefulness in cases of nerve weakness is testimony to its value.

BENGER'S FOOD (Otter Works, Manchester), is highly esteemed by both nurses and midwives, who find both for their patients and themselves when a light, sustaining diet is desired that there is nothing better than Benger's Food, which is on sale in the principal cities throughout the world.

ROBINSON'S "PATENT" BARLEY and "PATENT" GROATS supplied by Keen Robinson & Co., Ltd.,

Denmark Street, London, are preparations which no midwife would willingly be without and which are constantly used by her patients. The gruel prepared from the groats is also much appreciated by invalids, and elderly people, and the "Patent" Barley is invaluable in the preparation of barley water, so often ordered as a diluent.

THE WALLACE "P. R." FOODS CO., LTD., 50, Tottenham Lane, Hornsey, N., have placed upon the market a variety of nutritious foods, some of which are extremely palatable. The letters P. R. stand for "physical regeneration," and as "body building" foods are of great importance just now we invite attention to those above mentioned. The P.R. Body Building Breakfast Food, Nut Butter, Wallaceite Coffee, and a confection of dates and ginger and other combinations, are some of the products demanding notice.

WELFORD & SON'S DAIRIES are well known all over London, and as purveyors of milk and cream to his Majesty the King the standing of the firm is assured. The milk supplied is produced on its own dairy farms, and many specialities, such as asses' milk can be ordered through the many branches of the head office in Maida Vale, W.

The extraordinary popularity of HORLICK'S MALTED MILK proves how a good article well placed upon the market succeeds. We heard the other day that it is a most popular beverage in the canteens of soldiers' recreation huts, and we can well believe it. Messrs. Horlick, of Slough, have every reason to be proud of their record.

TONIC WINES.

Doctors differ about the advisability of prescribing alcoholic tonics, but all agree that Proprietary Medicines containing alcohol should not only have this fact made clear, but the quantity of alcohol contained should be stated on the label. Winox Wine Food, supplied by Winox, Ltd., 65, London Wall, E.C., complies with this requirement and the makers of this well-known tonic not only give the quantity of alcohol but a complete analysis of their wine, which shows Winox to be rich in carbohydrates and phosphates.

MISCELLANEOUS.

Now that the spring sunshine is peeping out it is quite evident that wardrobes need renovating, even if it is war time, and MESSRS. CRICHTON, LTD., 13c, Devonshire Square, E.C., are prepared to advise how to secure a really well-cut coat and skirt at a minimum of outlay. Those who are overhauling their wardrobes cannot do better than consult Messrs. Crichton's chief cutter.

And remember that uniform hats of all sorts, sizes and shapes and most moderate in price, are obtainable from MESSRS. SCOTT, 1, Old Bond Street, Piccadilly, W., not to mention others for every conceivable occasion. The neat grey straw hat of the Territorial Force Nursing Service costs

7s., or a panama for the East 12s. 6d. The firm also supply the navy blue uniforms of the Canadian Army Nursing Service, and the regulation toques and hats of the British Red Cross Society and the St. John Ambulance Association.

The books on nursing subjects published and stocked by MESSRS. H. K. LEWIS, Gower Street, W.C., are deservedly popular. Nurses should make a point of visiting the establishment of this firm.

Lastly, do not forget that nothing is better for giving floors that finished polish in which all nurses take a pride than Shell Brand Floor Polish, prepared by ARCHIBALD H. HAMILTON & Co., Possilpark, Glasgow.

MESSAGE.

We have pleasure in drawing the attention of nurses who desire massage training to the facilities offered by Mrs. Hoghton Stewart, "St. Hilda's," 194, Marylebone Road, N.W., and Mrs. Wilson, Swedish School of Massage, 16, York Place, Baker Street, W.—both of whom are teachers of ability and experience.

The National Association of Trained Masseuses and Masseurs, Ltd. (Secretary, Miss Hordern), 15, Piccadilly, Manchester, is incorporated, and receives candidates from hospitals and schools for examination after six months' training. Names of certificated teachers may also be obtained on application.

DISPENSING.

The Westminster College for Lady Dispensers, 112, St. George's Road, Southwark, has a very successful record; and the Secretary, Mr. J. E. Walden, and the staff of teachers are to be congratulated on its standing.

COMING EVENTS.

April 6th.—Meeting Matrons' Council: To receive a Report from the President, *re* the College of Nursing Limited, 431, Oxford Street, London, W. 4 p.m.

April 10th.—Central Midwives Board Examination: London, Birmingham, Bristol and Liverpool.

April 13th.—Meeting Central Committee for the State Registration of Nurses. Council Chamber, British Medical Association, 429, Strand. 2.30 p.m.

April 14th.—National Council of Women: Special Council Meeting on New Employments for Women. Y.M.C.A. Hall, Tottenham Court Road, W.C. 11 a.m., 1 p.m., and 2.30 p.m. to 4.30 p.m.

OUR PRIZE COMPETITIONS.

April 15th.—What would you do in the following emergencies while waiting the arrival of a physician?

- (a) Apoplexy.
- (b) Asphyxia from gas.
- (c) Poisoning from an alkali.

April 22nd.—In what way and in what respects can the nutrition of the infant be improved by ante-natal supervision of the mother.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

ENQUIRING MINDS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—The alluring picture of a Voluntary College of Nursing with a finger-post pointing to State recognition in the dim future is attracting large numbers of nurses. But whilst many will doubtless rush heedlessly and unthinkingly into any new thing recommended to them, there are, I am glad to find, very many nurses who will not join in any new scheme until they know more about it. These nurses are busy people and have very little time to attend meetings and do not find all their difficulties cleared up by reading the nursing papers. If any of these nurses with enquiring minds would like to come and see me on any of the following dates, Saturday afternoons, April 8th, 15th, 22nd and 29th, I shall be very pleased to welcome them at 57, Albany Street (close to Portland Road Station), and over a cup of tea will try to solve some of the problems that perplex them, and will try to help them grasp the value of State Registration for the protection and uplifting of their profession.

I am, yours truly,

ANNIE E. HULME.

57, Albany Street, Regent's Park, N.W.

MESS ALLOWANCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR.—Many of us are delighted at the way in which you have fought for the rights of the T.F.N.S. nurses. You perhaps could tell us through your columns why it is that the Home units are paid at different rates. In many of them the staff have received either monthly or quarterly a substantial return, called mess allowance. In others the nurses have received nothing or a mere pittance. Why is this?

The Government promised various allowances in peace time, and surely the workers are entitled to the surplus. If one unit can do it, surely another can. It is not fair that nurses should suffer for Matrons' bad management. If they cannot receive cash, they would not object to having it in Exchequer Bonds.

Many nurses are working at a very serious financial loss in the T.F.N.S.

I am, yours faithfully,

ELSIE ROSS.

Independent College,
Manchester.

[As a member of the Mansion House Committee of the Territorial Force Nursing Service for the City and County of London, we have taken deep interest in this most useful Service since its inception. We will seek the information required.—ED.]

The Midwife.

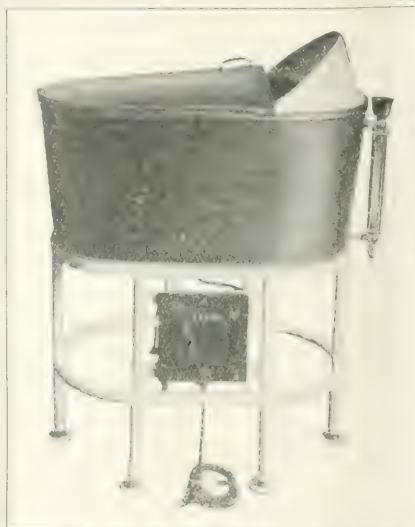
ELECTRIC-HEATED WATER-JACKETED INCUBATORS.

therefore study with interest the description by Dr. Julius Hess, which we publish from *The Modern Hospital*, of an Electric-Heated Water-Jacketed Incubator. Dr. Hess, who is Associate Professor and Head of the Department of Pediatrics, University of Illinois, College of Medicine, writes:—

To meet the requirements for the safe application of artificial heat to premature and weak infants, three conditions must be observed:

1. The heat must be of a fairly constant temperature, with a safe maximum.
2. A constant supply of fresh air must be available.
3. A normal average of humidity must be maintained.

I have attempted to meet these requirements by the construction of an electric-heated water-jacketed bed. The bed shown in Fig. 1 is constructed of heavy sheet copper, with inside measurements as follows: length, 30 in.; width, 17 in.; and depth, 14 in. The bottom chamber is surrounded except at the top by a 1 in. water jacket. Covering the water is a layer of asbestos, and this, in turn, is covered by a copper jacket, making in all three walls of copper, with water between the first and second and asbestos between the second and third. The asbestos practically prevents heat radiation from the external surface, limiting heat radiation to the inner surface of the jacket.



AN ELECTRIC-HEATED WATER-JACKETED INCUBATOR.

gauge glass with faucet registers the height of the water, and is also used for emptying the jacket during transportation and in filling the jacket.

In the floor of the incubator a 1/2 in. pipe is inserted to carry off any water which might flow into the bed in case of an accident to the water jacket.

The bed proper is of the standard type (Fig. 1), which is supplied with ball-bearing casters, or with porcelain shoes if preferred, allowing of easy transportation from one ward to another if desirable.

(The electric heating apparatus is then described.)

For the protection of very frail infants, a partial cover for the tub, 21 1/2 inches in length, is provided to shield them more completely from outside air currents. It is provided with a thermometer, so that the temperature within the tub can be ascertained by the nurse at all times. Further, a brass nickel-plated frame covered by a removable linen cover is provided in the form of a hood. This can be set over the open space not covered by the metal lid in case of great air currents and extremely cold nights. The hood raises the temperature within the bed on an average of from 5 to 10° F., depending on the room temperature and current used, but does not interfere with perfect ventilation. The hood is made collapsible, and may be set at any angle desired as may be indicated.

The baby basket (Fig. 2), which is of the type used in many obstetric wards, is 28 by 14 inches and has a depth of 8 1/2 inches, thus allowing con-



THE BABY BASKET.

siderable air space on all sides, which prevents any danger of the infant's extremities coming in contact with the walls of the heated water jacket. The basket rests on a standard, raising it 2 inches above the floor of the bed, allowing a free circulation of air all around it. A simple removable net cover is provided, which encircles the basket, adding to its cleanliness and appearance. The basket supplied differs from the illustration, being constructed of heavy brass wire mesh, nickel plated, in place of upright bars.

Excessive drying of the air is prevented by the constant circulation through the bed of the free air of the room and by evaporation from a flat basin, 6 by 11 inches, containing baked porous clay (as used in water filters), over which water is poured to allow of evaporation. This is placed on the floor of the bed immediately under the baby basket. Varying with the degrees of temperature to be maintained within the bed, it is necessary once daily to supply from 8 to 16 ounces of water to replace that lost through evaporation.

We require inspection and charting of the temperature registered by the lid (if the latter is used), or by a register placed within the basket if the lid is not in use, at 6 a.m., 12 m., and 6 and 12 p.m. as most likely times for maximum changes in the ward temperature.

As the only variable factor in the maintenance of temperature within the bed is that of the changes in temperature in the surrounding room, I have made numerous calculations at different room temperatures and have tabulated them on a card at the head of the bed, so that the attendant need know only (1) the temperature desired on the inside of the bed and (2) the room temperature in order that by looking at her chart she may ascertain the number of the contact point at which to place the rheostat.

The advantages claimed for the apparatus are (1) safety; (2) economy of construction, operation and the elimination of the trained attendant; (3) simplicity of operation—it needs practically no attention; (4) perfect control of ventilation of air within the bed; and (5) humidity.

THE TRAINING OF HAND AND EYE.

The Training of the Hand and Eye in Early Childhood, was the subject of a lecture given by H. Holman, Esq., M.A., on April 3rd, at the Royal Society of Medicine in connection with the National Association for the Prevention of Infant Mortality.

The lecturer said that children from 3-6 years old were dealt with from this point of view in the kindergarten system. Many people were discontented with our infant school system and it was thought that at some future time it would be re-organised, and the training begun at an earlier date.

Beginnings were all important, and the first two years of life were vital to all that came after.

The Eye and Hand might be called the Queen and King of the senses.

In the first years of life the body was practically supreme over the mind.

The question arose: was it possible to help the child at all? Dr. Eric Pritchard states that good and useful habits may be formed in an infant at six weeks old.

The lecturer dealing with mother instinct with regard to the training of her child said it could not be relied on except in the case of an intelligent instructed mother. Mother instinct unless trained too often fed the child with unsuitable food, and was governed by the advice of ignorant people.

The lecturer illustrated how the eye might be trained with coloured toys of different shapes, and showed how gradually the grasp of the hand was developed. This grasp was in the highest sense human and was not found in any other animal.

MILK AND ARTIFICIAL FOODS.

Milk and artificial foods was the subject of a lecture given by Henry Kenwood, Esq., M.B., in connection with the National Association for the Prevention of Infant Mortality, recently, at the Royal Society of Medicine, 1, Wimpole Street. He said that at the present day a large percentage of infant death was due to gastrointestinal trouble. Was the milk responsible? It was a striking fact that in institutions where the milk was pasteurised the gastro intestinal cases dropped 40 to 50 per cent. This had been proved not only in this country but in the large infants' institutions in New York.

REGISTRATION AND INSPECTION OF LYING-IN HOMES.

The General Purposes Committee reported to the London County Council on Tuesday that when on their recommendation in November last the preliminary inspection of lying-in homes was placed in the hands of the chief officer of the Public Control Department it was thought that the moral aspect of the question predominated over the public health questions involved. The Public Control Committee now state, however, that they have had under consideration 138 applications for the registration of lying-in homes; that, as a result of their experience in dealing with them, they find that the questions raised related solely to matters affecting the structural or sanitary fitness of the premises for use as lying-in homes; and that in their opinion the administration of this part of the Act should be undertaken by the Public Health Committee, and the work of inspection, &c., carried out under the direction of the medical officer of health. Recommendations were submitted and endorsed by the Council to give effect to this arrangement.

An amendment by Mr. Norman, proposing that such inspection be delegated to the metropolitan borough councils was lost.

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EDITORIAL.

A CRIME AGAINST HUMANITY.

The Report by the Government Committee on the treatment by the enemy of British Prisoners of War contains such an appalling story of the conditions of the camp for British Prisoners at Wittenberg, both before and during the typhus epidemic in 1915, that we should hesitate to believe it, did it not come to us as an official report, issued only after the most careful sifting of evidence, by a committee of which Mr. Justice Younger—one of the Judges of the High Court—was chairman.

The evidence shows that before the outbreak of the typhus epidemic there was most serious overcrowding, though the cold was intense there was often no coal for the stoves, the men were insufficiently clothed as the overcoats of most of the British prisoners were taken from them on the day of their capture and none were given them in exchange, many had neither boots nor socks, others had their feet wrapped in straw.

The medical and surgical arrangements were in the hands of Oberstabsarzt Dr. Aschenbach and his German assistants, and on the outbreak of the epidemic in December, 1914, there were no British medical officers at Wittenberg, though there were some Russian, and possibly some French medical men. The German staff, military and medical, precipitately left the camp.

On February 10th, six English medical officers who had been detained at Halle in direct contravention of the Geneva Convention were sent to Wittenberg, and it was only from the guard on the train that they first heard of the typhus there.

On arrival they visited the different compounds. They were received in apathetic silence. The rooms were unlighted; the men were aimlessly marching up and down; some were lying on the floor probably

sickenings for typhus. When they got into the open air again Major Fry broke down. The horror of it all was more than he could for the moment bear. Later in the evening Major Priestley and Captain Vidal were directed to go to two temporary hospitals outside the camp. Of the four officers left behind only Captain Lauder survives.

Major Fry, Captain Sutcliffe and Captain Field were attacked by the disease and died, and there is no doubt in the minds of the Committee that the conditions to which the camp authorities had reduced it, and the prisoners they had abandoned, was directly responsible for the death of these officers. Captain Lauder for three days, with a temperature due to typhus, stuck to his work, there being no one to take his place.

On March 7th Major Priestley and Captain Vidal were ordered to return to the main camp. Major Fry and Captain Sutcliffe were then dying. Major Priestley found delirious men waving arms brown to the elbow with faecal matter. The patients were alive with vermin; in the half light he attempted to brush what he took to be an accumulation of dust from the folds of a patient's clothes, and he discovered it to be a moving mass of lice.

Drugs and dressing were impossible to obtain in adequate quantities. Limbs became gangrenous and had to be amputated for lack of them, and when the dead were carried for burial outside the camp by their comrades the coffins were frequently greeted with jeers by the inhabitants of Wittenberg who stood outside the barbed wire and were permitted to insult them.

When the day of reckoning comes to settle an account with the Commandant, General von Dessel, and Dr. Aschenbach, the medical officer in charge, the British nation will demand that it shall be paid to the uttermost farthing.

OUR PRIZE COMPETITION.

WHAT WOULD YOU DO IN THE FOLLOWING EMERGENCIES WHILE WAITING THE ARRIVAL OF A PHYSICIAN? (a) APOPLEXY. (b) ASPHYXIA FROM GAS. (c) POISONING FROM AN ALKALI.

We have pleasure in awarding the prize this week to Miss E. O. Walford, Laver de la Haye, Colchester.

PRIZE PAPER.

(a) *Apoplexy*, or cerebral hæmorrhage, is bleeding into the soft substance of the brain. It is almost always due to some disease of the arteries which leads to their rupture. It is often hereditary, and occurs most frequently in elderly people, especially those suffering from chronic Bright's disease. The onset is generally sudden, the immediate cause usually being great excitement or excessive strain. The patient completely loses consciousness, one side of the body often being more limp, and the pupil of one eye more dilated, than the other. The face is flushed, the breathing very noisy (the lips being blown out and sucked in with each respiration), the pulse slower than ordinarily, and the temperature generally raised, though sometimes it is below normal. If the patient ultimately recovers consciousness, one side is usually paralysed.

Treatment.—Till the physician arrives the treatment should consist of:—(1) Keeping the patient in a recumbent position, with the head raised on a pillow. If he is put to bed, it must be with the least possible amount of movement and jolting. (2) Keeping the head turned on one side to prevent the tongue from falling back into the pharynx. (3) Loosening all the clothing round the neck, as any constriction would hinder the flow of blood from the head. (4) Applying icebags to the head to try to stop the internal bleeding. (5) Applying warmth to the lower part of the body by means of hot blankets and bottles. As there is a special risk of burning in these cases, extra care must be taken in wrapping the bottles in blankets and testing their heat.

(b) *Asphyxia from Gas*.—*Treatment*.—(1) Remove the patient into the fresh air. (2) Apply artificial respiration. There are several methods of doing this, one of the simplest being Dr. Silvester's, which is as follows:—Loosen all clothing, bare the chest, and place a small hard pillow under the shoulders. Stand at the head of the patient, grasp his arms below the elbows, and draw them round and up by the side of the head. Pause for a second, and then take the arms slowly back and press the elbows to the sides of the chest. These movements should be repeated fifteen or sixteen times a minute; if assistants are at hand, they may

help by one holding the tongue forward, and a second by pressing on either side just below the ribs at the same time that the elbows are being pressed against the chest. (3) Oxygen should be administered if it is possible to obtain it. (4) Keep the patient warm by means of hot bottles and blankets.

(c) *Poisoning from an Alkali*.—(1) Give an emetic, unless the poison taken was a corrosive alkali, such as caustic soda, in which case the mouth and lips will appear burned or stained, and an emetic should not be given, as the strain of vomiting might tear the walls of the stomach, which have been weakened by the poison. A tablespoonful of mustard or two tablespoonfuls of salt in a glass of warm water are useful emetics. (2) If the poison was a corrosive alkali do not give an emetic, but wash the mouth out, and then give a wineglassful of vinegar diluted with water, or lemon juice and water, to neutralize the alkali. (3) Give very strong tea to act as a neutralizer. (4) Apply oil (cod liver, castor, or salad) to ease the burning of the lips and mouth. (5) Give oil, milk, raw eggs beaten up with milk, or cream beaten up with flour. (6) Treat shock and collapse by stimulants and hot bottles and blankets. (7) Apply artificial respiration, if necessary. (8) Do not let the patient go to sleep. Strong black coffee will aid to keep him awake, but in some cases it may be necessary to walk him about, and to flick his face and chest with a wet cloth.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss M. Forrest, Miss E. E. Hall, Miss B. James, Miss D. McCarthy, Miss F. Ellis, Miss E. Trevethan.

Miss J. G. Gilchrist writes:—"While waiting for the arrival of the physician, I would get the patient into as comfortable a position as possible for breathing, in order to get the circulation quiet. The neck and chest should be made free of any tight clothing, and the head kept cool by cold applications, such as cloths wrung out of salt and water. If ice is not procurable, a very cold application is that of milk and methylated spirits. The patient should be carried carefully to bed, when I would apply hot water bottles to the feet and legs, and cover him warmly with blankets and protect the bed from the possibility of involuntary evacuation by mackintoshes and absorbent pads or towels."

QUESTION FOR NEXT WEEK.

In what way and in what respects can the nutrition of the infant be improved by antenatal supervision of the mother?

NURSING AND THE WAR.

Miss Catherine McCarney, whose portrait appears on this page, is a member of the nursing staff of the Canadian Arm^y Medical Corps, and is at present working at Clivedon, Taplow. Miss McCarney was trained at the Sisters' Hospital, Buffalo, and took a postgraduate course with the Victorian Order of Nurses, Montreal, and there held the position of head nurse of the Annex Branch. She received her military training at the Citadel Hospital, Quebec. We are indebted to the courtesy of the Editor of *The British Journal of Nursing* for this portrait.

A Correspondent writes:

Probably never before have the grim and awful realities of this great war been so forcibly thrust upon the minds of the workers in hospitals in the particular part of the battle zone round about Verdun as at the present time.

War news travels somewhat spasmodically in these parts, and in consequence almost before one realised that the gigantic struggle had actually commenced wounded were pouring in, and all wounds of the severest type, the lighter cases being sent direct into the interior.

A phase, almost worse than any we had yet seen, was now before us: wounded transported in cattle trucks where accommodation was inefficient, and often only partially clothed, in some cases one garment and one blanket being the only covering. The fearful nature of the wounds made even necessary and careful movement fraught with great pain to the sufferer.

Ambulances were continually departing and arriving at all hours of the day and night with

their sad, sad burden. Heavy and continuous firing could be heard almost uninterruptedly. Surgeons and others were working all day and far into the night in wards and theatre and on the ambulances. Hospital life, though still maintaining its calm, could not fail to be marked by a silent gravity and expectant anxiety, with all the added suffering and the continuous shadow of death about.

Still wounded poured in; evacuations were made as rapidly as possible into the interior and every available space again filled.

Almost all the wounds were of the worst character, many quite hopeless from the first. A large number of compound fractures, with much tissue destruction, and unfortunately in many cases infected with rapidly spreading emphysematous gangrene or with the products of osteo-myelitis, becoming generalised.

In many instances the only hope of saving or prolonging life was immediate amputation. Where the upper part of the femur was involved, the femoral artery was dissected and ligated in the groin, and high amputation or disarticulation performed.

Many serious head and trunk wounds had to be dealt with

and perhaps saddest of all, the most fearful cases of burning imaginable, practically every part of the body being involved, the burns of the head and face usually being of the 4th or 5th degree.

For burns of the 1st and 2nd degrees we have found light dressings of wet saline give excellent results; for other degrees, picric acid has answered well. Never, never can we forget the horror of these days on the one hand and on the other the joy and thankfulness that one feels in the pos-



(Photo)

MISS CATHERINE MCCARNEY.

(Reproduced)

sion of the precious right as a trained nurse, to have a real and responsible share in the magnificent methods in surgery of dealing with suffering humanity in connection with these brave patient heroes.

We feel as never before that our presence and work here behind the French lines is amply justified, and the work itself "worth while" beyond all telling.

Still the great struggle continues with the same awful consequences following in its train. One has almost got used to their existence. One wonders what the issue will be.

The men come to us full of a high undaunted hope and belief in final victory, that belief in many cases having its foundation in their holy faith. "La France Catholique toujours."

The official account forwarded to Headquarters from Alexandria of the loss of the *Marquette* is embodied in a statement, published in *Kai Tiaki* by Major Wylie, N.Z.M.C. He says, "As regards the nurses, they assembled at their stations in charge of Lieut.-Colonel M'Gavin, and three officers, and were seen into boats. Owing, however, to the unfortunate bungling of the lowering of these boats, a series of catastrophes occurred on each side of the vessel. On the port side one boat descended heavily on top of one already in the water, and thereby so seriously injured several of the nurses as to kill them outright, or so seriously injure them as to make their subsequent existence in the water impossible.

"On the starboard side one boat after being filled with nurses, assumed a perpendicular position and emptied many of them into the water. Only one boat with nurses left the vessel and that boat was in a waterlogged, submerged state. Most of the rescued nurses spent all their time in the water on rafts or clinging to bits of wreckage. At no time did I see any signs of panic or any signs of fear on the part of anyone, and I cannot find words adequately to express my appreciation of the magnificent way in which the nurses behaved not only in the vessel but afterwards in the water. Their behaviour had to be seen to be believed possible."

Sister Poppewell, one of the survivors, writes:—"There was an enquiry on H.M.S. *Talbot*. Another Sister and I had to go. It was very trying, but when over the commander insisted on our staying to lunch. The commander of H.M.S. *Albion* was also present. Never have I met two such charming English gentlemen. They were so good and kind, and made us laugh and petted and flattered us as though we were queens instead of two very dragged-looking nurses in shrunken dresses and no hats and black eyes, and when they couldn't show their sympathy and kindness any more and we were just leaving, the commander called for cheers for New Zealand nurses from his bluejackets, and I wish you could have heard those British cheers. It made one thrill."

Another Sister writes:—"They were all so brave, and all three of them died of exhaustion and cold. The rescue boats were in sight when dear — died. She was kept afloat for five or six hours by her friends, Sister Poppewell and Sister Walker. She just said to Miss Poppewell that 'she musn't hold her any longer.' Sister Hildyard was very merry and bright and singing 'Tipperary' and 'Are we Downhearted,' but she also had heart failure and died in the water.

"We were seven hours in the water. I was not in a boat, but my life was saved by holding on to a raft which was occupied by three men. About a dozen were holding on all round, including Sisters Gould, Christmas and myself, and one New Zealand boy. We three and the New Zealand boy were the only survivors. It was dreadful to watch these strong men fall off and die one after the other. Some of them went raving mad. During all this we often wondered how long we ourselves would last, but somehow I had a feeling that I was not to die. French destroyers picked us up. The sailors were most kind and attentive. It was wonderful how quickly they undressed the survivors, and put them into dry shirts, and rolled them in great coats, and administered rum and hot wine. . . . Sister — is not very well. I really marvel that she is alive at all. She was quite insensible long before she was picked up. One Sister has a bad leg; Miss Cameron is very ill suffering from traumatic pneumonia, and another Sister has a fractured base."

It is proposed to erect a chapel at the Christchurch Hospital in memory of the nurses, three of whom belonged to the staff of that hospital who were lost in the *Marquette* and for this purpose a collection was started at the memorial service in Christchurch. At Kumara two beds were recently dedicated to the memory of Helena Isdell, who was Matron there when she left on active service, and of Mabel Jamieson, who belonged to that district.

Dr. Durein, a member of the Serbian Medical Command, in a letter read at a meeting at the Criterion Theatre in support of the work of the National Union of Women's Suffrage Societies' Scottish Women's Hospitals, wrote:—"No one in Serbia will ever forget how the brave Scottish women turned up their sleeves and entered as saviours into the midst of the destruction wrought by enteric fever, typhus, and malignant typhus."

M. Pasitch, the Serbian Premier, before the departure of the Crown Prince from England, sent the following letter to the Scottish Women's Hospitals (National Union of Women's Suffrage Societies):—"In the name of H.R.H. the Crown Prince, in the name of the Serbian Government, and of the whole Serbian nation, I have the honour to convey through you the expressions of our highest gratitude to the noble daughters of the

great British nation who have risked their lives and sacrificed their freedom for the health and good of the Serbian soldier and the Serbian people. I avail myself of this opportunity to tell you how much we appreciate the help rendered to Serbia by the Scottish Women's Association, who sent so many and such splendidly organised hospitals to our country and who are still continuing to help our people as much as they can. The Serbian nation will never forget what the Scottish women have done for them."

The following members of the nursing staff of Lady Paget's unit arrived in London from Serbia last week:—*Matron*: Miss L. Ball. *Nursing Sisters*: Misses Atkinson, Barlow, Bullock, Caldwell, Crombleholme, Coleman, Egerton, Gray, Hudson, Johnson, Lynn Jones, Levenson, Mellis, Mansell, Mann, O'Neill, Parsons, Polgreen, Rankin,

FRENCH FLAG NURSING CORPS.

The picture of a Red Cross Hospital Barge moored at Bourbourg, illustrates one of the means of transport employed for the removal of the sick and wounded French soldiers. It was on this barge that Sister Lind and Sister Hitchcock did much good work, and another photograph in our possession shows the interior of the barge arranged as a hospital ward, with the Médecin Chef of the Ambulance, and other distinguished officials, and the two sisters. After the war such pictures will be of great interest as a record of the provision made for the care of the sick and wounded, and of the part taken by British nurses in the nursing of our gallant allies.

Miss Grace Ellison, Representative of the

Committee of the F. F. N. C. in France is now on a visit to this country and has been addressing meetings in Liverpool this week with the object of arousing interest and securing financial assistance in support of the work of the Corps. On Tuesday she spoke at a meeting arranged by Mrs. Walter E. Lloyd at Linden House, Aigburth Drive, and on Wednesday at the Norwood Grove Church Hall, West Derby Road on



HOSPITAL BARGE AT BOURBOURG.

Round, Robinshaw, Sharpin, Skerchley, Scammell, Mrs. Wallace, Mlle. Villemont. *Danish Sisters*: Misses Gravesen, Wifstrand.

A VALUABLE DIARY.

An interesting account has just come to hand of how a copy of Wellcome's "Professional Nurse's Diary" was the means of saving the life of the bearer. At the battle of Festubert, while carrying the diary in his breast-pocket, he was hit by a German bullet. It penetrated the book, as well as the photographs of his wife and child placed between the leaves; but in doing so, its direct progress was impeded, and, instead of sustaining a fatal injury, he fortunately escaped with a slight wound in the side.

The diary has been returned to Messrs. Burroughs, Wellcome & Co., and may be inspected at their Exhibition Room, 54, Wigmore Street, W.

the invitation of Mrs. Andrew Hamilton. On Friday the 14th inst. the Société Littéraire Française have arranged a meeting in her honour at the Royal Institution, Colquhoun Street, which she will address in French, and besides drawing-room meetings it is hoped that she will speak on the work of the Corps at at least one public meeting, probably in Seaford.

A project in which Miss Ellison is interesting herself is the establishment of a Nursing College in Paris in connection with which French pupils can be trained under English Sisters in the methods of nursing on English lines. Miss Ellison believes that the right stamp of pupils will be forthcoming, and that the work of such a College would be of great value. Mme. Alphen Salvador, whom many nurses in this country will remember, is also interested in the scheme

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

County of London War Hosp., Epsom.—Mrs. A. Barclay.

St. John's Auxiliary Military Hosp., Porthcawl, Glam.—Miss E. Glover, Miss E. Keeley.
V.A.D. Hosp., Mountjoy, Christchurch.—Miss G. Daly.

Red Cross Hosp., Rhyl.—Miss F. Amott.
Weyhill Red Cross Hosp., Andover.—Miss K. B. Waters.

V.A.D. Hosp., Hayling Island.—Miss I. Panton.
No. 5 Hosp., Exeter.—Mrs. C. Parsons.
V.A.D. Hosp., Corsham, Wilts.—Miss E. Hogg, Miss B. Calders and Miss A. Postlethwaite.

V.A.D. Hosp., Alnwick, Northumberland.—Miss E. L. Hutchinson.

Hosp. for Officers, Park Street.—Miss J. E. James.
Parc Wern Aux. Hosp., Swansea.—Miss M. E. Crocker and Mrs. H. Strong.

The Highlands Hosp., Shortheath, Farnham.—Miss E. S. Chinn.

V.A.D. Hosp., Burnham-on-Crouch.—Mrs. A. Scott.

V.A.D. Hosp., Leintwardine, Herefordshire.—Miss A. M. Leslie.

V.A.D. Hosp., Strood, Kent.—Miss K. O'Neil, Miss F. M. Kilby and Miss E. M. Dowlen.

Hill Hosp., Lyndhurst.—Miss M. A. E. Chutter.
Danycog Hosp., Blackpill, Glam.—Miss H. Blackburn.

Swillington Mil. Aux. Hosp., Leeds.—Miss M. Nichol.

Holm Dene Aux. Hosp., Leamington.—Miss W. Kirk.

Red Cross Hosp., Banbury.—Mrs. G. F. Zala.
Braeside, Loughton, Essex.—Miss A. L. Walker.
V.A.D. Hosp., Stratford-on-Avon.—Miss E. Day.
V.A.D. Hosp., Rolvenden, Kent.—Miss E. M. Adams.

V.A.D. Hosp., Kemsing, Kent.—Miss L. Blackwell.

The Home Hut, Woodville, Bockton, Staffs.—Miss M. Wright.

Princess Christian Hosp., S. Norwood Hill.—Miss A. Allman.

Garden Suburb Aux. Hosp., Golder's Green.—Miss A. Cope.

Aux. Hosp., Seaham Harbour, Sunderland.—Miss E. Lethbridge.

Overcliff Hosp., Westgate-on-Sea.—Miss K. B. Waters.

Highland Moors Hosp., Llandrindod Wells.—Miss S. R. Ritchie.

Red Cross Hosp., Leigh Woods, Bristol.—Mrs. F. E. Oates.

The Close, Winchester.—Miss M. A. Lacken.
Beechcroft Mil. Hosp., Woking.—Mrs. E. A. Knox.

Sandon Hall, Stafford.—Miss C. A. Cooper.
St. Anselm V.A.D. Hosp., Walmer.—Miss E. Green.

Samuel House, Cardiff.—Mrs. P. Hawkins.

St. John Aux. Mil. Hosp., Barry Island.—Mrs. F. G. Ball.

ABROAD.

Urgency Cases Hosp., Boulogne.—Sister C. B. Pirie and Sister M. Berry.

CARE OF THE WOUNDED.

The King and Queen, attended by the Countess of Airlie and Captain B. Godfrey-Faussett, R.N., visited the sick and wounded officers and soldiers at the Royal Herbert Hospital, Woolwich, last Saturday afternoon.

The Queen has sent a contribution of £100 towards the special fund which is being raised by the Anglo-Russian Hospital Committee, 32, Victoria Street, for a field hospital of 100 beds and a fleet of motor ambulances to work with the Russian army.

From this week onwards the Wounded Allies Relief Committee, of Sardinia House, Kingsway, W.C., will maintain a large Anglo-French Hospital, with 300 beds, for wounded French soldiers, at Lyons. The nursing and medical staff is English, and Dr. Thomas Young Simpson, from Plymouth, is medical officer-in-chief.

This is the second military hospital that the Committee is maintaining in France, the other being at Limoges, and containing 225 beds. The Committee is doing other valuable war work.

The *British Medical Journal* comments on an enthusiastic account given by Dr. C. Johannessen in a Norwegian contemporary of the Red Cross in Russia, whence he has recently returned after a visit of four months. He spent three months at the front attached to Princess Kcenia Aleksandrowna's hospital and train service. He seems to have been exceptionally fortunate in securing this appointment, as apparently no other neutral surgeon was permitted to share in the medical and surgical work at the front. He entered Russia through Finland, travelling with a draft of wounded Russian soldiers released from Germany. In Petrograd he worked for a short time under Professor Oppel, who, when he had convinced himself of Dr. Johannessen's surgical attainments, helped him to reach the front. Here the staff of five English speaking Russian nurses bridged the linguistic gap between Dr. Johannessen and his Russian patients. He was much impressed by the physique and equipment of the Russian soldiers; so well were they clothed that, among the 3,500 soldiers under his care, there was not a single case of frostbite. The food was good and abundant, and even at the front the soldiers were able to take a bath once a week. The medical arrangements were also in other respects so satisfactory that there was no serious epidemic of any kind. He was greatly struck by the cordial, almost fraternal, relations between officers and men, and by the adaptability of the peasant soldier.

A SICK CAMELS' CAMP.

The interesting pictures which appear on this page were taken at the Sick Camels' Camp near Cairo, where 1,300 camels were under treatment at the time. In this Camp, or rather hospital, it was very interesting—a correspondent writes—to hear of all their ailments. There is an isolation ward with many cases of "camel pox," somewhat like smallpox in human beings, but if anything more gruesome. It will be observed that the face and neck of the "camel pox" patient in our illustration are very much swollen.

Very little is known of the camel in this country, but it is a most useful and indispensable servant of mankind in the sandy plains and deserts of Africa and Arabia. It can go for many days without water, as it is provided by Nature with an arrangement by which it can store a private supply, and its hump is a mass of fat which is gradually absorbed into the blood when food is scarce on the long desert journeys. It provides its master with milk for food, hair which he weaves into clothing, and hides for sandals.

THE SOLDIER'S RETURN.

She drifted out of Waterloo Station, a little old woman in a very shabby bonnet and equally shabby cloak. The snow was falling fast and the bitter wind struck her on the face like a knife.



A "CAMEL POX" PATIENT.

She set herself bravely to face the elements for she possessed no umbrella and her boots were thin and ill-fitted for the slushy pavements.

She stopped once in the shelter of a street porch to examine the contents of her purse. She was nearing the hospital gates then, and she had suddenly thought of flowers.

Jim had always liked flowers—not the flowers she saw in the grand florists' shops, but homely flowers such as grew in their own tiny garden at Barton. She bought two bunches of snowdrops from a girl selling them at the hospital doors.

"My son's back from the front," she remarked to the girl.

The girl gave a knowing wink. "Then I'll 'ave ter give 'em to you extra fresh."

"They ain't told me where 'e's wounded," said the old woman.

The girl looked incredulous. "I reckon that's



GENERAL VIEW OF "A" WARD

bad, an' you can look out for trouble. A friend of mine 'as 'ad 'er son returned to 'er with bofe 'is eyes pushed in by them beastly Germans. Wot I sez is, 'as 'e is better dead."

The old woman waited for no more. Fear possessed her and hurried her footsteps. She could not reach the ward where Jim lay fast enough.

But when she actually stood outside the door and saw written up "William Ward," then a trembling seized her. She shook from head to foot and her breath came in nervous gasps.

The staff nurse found her there some minutes later and wished with a kindly smile whom she wished to see.

Mrs. Bartlett strove to appear calm.

"Jim Bartlett, an' don't tell me anything about 'im cos it might be bad."

She saw him before he saw her, and her heart gave a great bound of joy. There was nothing wrong with his eyes. He did not even look thin and ill. He was lying peacefully with the bed clothes drawn up to his chin.

She stooped and kissed him in a flutter of excitement not unmingled with pride. She thought he must be feeling chilly to be wrapped up like that.

Jim glanced proudly at her. His quick eye noted the frailty of her body. He realised how the strain of the war had told upon her. "You are a warrior comin' all this way to see me," he remarked.

Mrs. Bartlett choked, then pulled herself together. "No distance would 'ave stopped me, son," she said quietly.

She wanted to ask him where he was wounded, but fear tied her tongue. She was sure he would tell her himself if she only waited. She laid the parcels of fruit and sweets she had brought him on the locker beside his bed.

Jim was touched by the thoughtfulness she had displayed in these simple little purchases. There were acid drops in case his mouth was dry, and lots of thick skinned juiceless little oranges plainly for the same purpose. The outlay, considering the amount of money spent, was considerable. quantity had evidently been thought more of than quality.

Mrs. Bartlett's anxious eye noted that, although Jim seemed pleased with everything, he did not move to touch them. He only nodded approval and remained motionless as before.

She untied the bunches of snowdrops and laid them on the counterpane. "You remember 'ow you liked snowdrops before when you was so ill," she said softly.

Jim looked uneasily at her. "I ain't ill," he muttered.

"But you do like them," she urged. A vague unhappiness was beginning to take possession of her. "Take 'em up an' look at 'em," she persisted.

Jim breathed heavily then, and the look in his eyes frightened her.

"I can't. My arms is off," he whispered.

JESSIE C. BEGG.

THE COLLEGE OF NURSING, Ltd.

A meeting took place in the Governors' Hall at St. Thomas's Hospital on Friday, April 7th, of representatives of hospitals and training schools, and of societies of nurses, in connection with the College of Nursing, Ltd., with a view to discussing the formation of a Consultative Board. The Hon. Arthur Stanley, M.P., M.V.O., presided, and there were present on the platform Miss Lloyd Still, Miss Swift, Sir Cooper Perry, Mr. Hall-Hall, and Mr. Comyns Berkeley.

Mr. Stanley stated that the idea of the College originated in a conversation he had with Miss Swift when discussing the varying standards of certificates given for amateur work in connection with nursing. Some examinations for home nursing certificates and First Aid certificates were very carefully conducted, in others they were a mere farce, and he was saying how necessary he considered it to have some kind of standardisation of certificates. Miss Swift told him that the need was felt not only in the lower but in the higher degrees, and she asked him to meet three or four Matrons of some of the leading training schools in order to discuss the subject. After two or three meetings he was asked to bring forward something in the nature of a scheme.

As a result of these discussions, with the help of Sir Cooper Perry, he wrote to all the Governing bodies of the hospitals and nurse training schools through the country and at the same time the letter was sent by Miss Swift and others to the Matrons of these hospitals.

After that they received various letters from societies supporting State Registration that they thought they ought to be consulted. Various discussions took place, which, speaking for himself as one who had newly come into this subject, were extremely interesting. It ended, at the last Conference in practical agreement amongst those present on the three fundamental principles of (1) State Registration, (2) a uniform curriculum, and (3) the one portal—one standardized examination for entrance into the profession. These had now been discussed with the Council of the College of Nursing, and he had no hesitation in saying that they unanimously adopted those three cardinal principles as three of the objects which the College was formed to promote.

In addition to the Council, composed of 30 persons, it had been decided to form a Consultative Board and the real object of the meeting was to ask the assistance of those present in forming that Board. He hoped they would lay the proposal before those whom they represented on their return and then, if they agreed in principle with the proposals made that they would appoint representatives to attend another meeting in a month's time.

Mr. Stanley announced that Sir Cooper Perry had agreed to undertake temporarily the duties of Hon. Secretary, and that to start with there should be five committees: (1) Finance, (2) Establishment and General Purposes, (3) Con-

subjective Board Work, and Educational Board Work, and Work on the Register of the College.

In relation to finance he should not like to say how he proposed to get the money, only he felt certain that the British public who had come forward so magnificently to ensure that sick and wounded sailors and soldiers should have every comfort that money could give were not going to let the nursing profession which had done such gallant work with those sick and wounded.

The fifth committee would recommend to the Council what existing certificated nurses had a claim to be placed at once on the Register of the College. That Register might or might not be the one that they would eventually take to Parliament for statutory approval. Personally, he hoped it would be, but there were others who held different views.

The work of the College was meant from the beginning to be educational, and they hoped at once to proceed with the formation of Boards in Scotland and Ireland. He hoped one of the permanent memorials of this great War would be a College of Nursing in a central position in London.

Mr. Stanley stated he had heard two main objections to the scheme—the first, that it would postpone State Registration of Nurses; and the second, that it was not the right time to bring forward the proposal when so many nurses were away on duty at the Front and elsewhere. He came into this business with an open and entirely ignorant mind, and very soon discovered that the overwhelming feeling of the nurses, in whatever grade of the profession they were, was in favour of State Registration, and he had, therefore, been constrained to put State Registration as the first of the three fundamental principles upon which the College was founded.

With the second objection he disagreed. He thought that when the hundreds of nurses for whom places would have to be found, returned from War service, it would be a help to them to find at home a strongly organized body representative of nursing opinion. There was also the danger that a large number of women—he almost hesitated to mention the letters, V.A.D.—would come back after months of work in hospital, and they would have to be reckoned with. It was just as well for the certificated nurses, before these women came back, to have the reins of power in their own hands.

Mr. Stanley said that though Lord Knutsford had been unable to take part in these deliberations, if they could meet the views of the London Hospital on one or two points he believed they would obtain its support. He was not without hope that they might go forward as a united body. They had already appointed a small committee to confer with representatives of the bodies supporting State Registration.

MR. F. HALL-HALL, on behalf of the Treasurer of St. Thomas' Hospital, welcomed those present, and expressed his pleasure at placing the Governors' Hall at their disposal. He emphasised the fact that St. Thomas' Hospital at present retained an entirely free hand in regard to the scheme.

Discussion was then invited.

Amongst those who took part was Dr. Fisher, Medical Superintendent of the Shoreditch Infirmary, who while supporting State Registration, said that where he felt disquiet was in regard to the machinery which had been set up.

Criticising Mr. Stanley's circular letter he said that while doctors taught doctors, lawyers lawyers, engineers engineers, nurses were taught by medical men; and the teaching they received was just sufficient in the teacher's opinion to enable them to carry out the directions of the doctor and the treatment he proposed to give. Therefore on the Council of the College a very large and preponderating number of the representatives should be appointed from among the leading members of the medical profession. Doctors knew exactly how much a nurse should know. Too much knowledge to a nurse was dangerous. Mr. Stanley had not mentioned how many medical men he wished to have on the Council. They did not want to be faced with a position where the nurse had a profession and the medical man a profession, and they were at variance. Medical superintendents of infirmaries were in a position to speak because they controlled large numbers of nurses and knew exactly what their needs were. The Matrons had to guide the nurses; but they looked almost entirely to the medical teachers for the instruction of the nurses, and such instruction as the Matron was capable of giving she received from the medical teachers.

LORD SANDHURST enquired in what form the election of the Council was to be made and Mr. Stanley explained that the two-thirds Matrons or nurses practising their profession applied only to the first nominated Council. That Council would remain in power till 1918. After that by means of a secret ballot the members of the College could re-elect the retiring members of Council or elect any others in their place.

MR. BONHAM CARTER, Secretary of the Nightingale Fund, said when the question of State Registration of Nurses came before the world twenty years ago, St. Thomas' Hospital took a strong line against it. They had not yet agreed to decide upon approval of the form the College was going to take. They approved of what was originally proposed in the Circular Letter and gave it their blessing, but had not since met to discuss the matter. He wanted to know a little bit more how the College proposed to deal with the ladies, of whom they spoke with bated breath, who bore the mystic letters, V.A.D., after their names. They would number many thousands, and the Council would have to deal with them.

MR. STANLEY said he hoped the College would have in its own hands the examination and granting of certificates as to all classes of women's work in hospitals, including V.A.D.'s.

MR. LEWIS (Chairman, Royal United Hospital, Bath) said he did not speak with bated breath of V.A.D.'s. He had had a good deal to do with them recently, and knew a good deal about them. He had for many years been in

favour of State Registration, and regarded the nursing profession as a very important one which had not been properly recognised as the medical, dentistry and other professions had been. He thought that the women who had had three years' training in a hospital should be in some degree safeguarded from those who, to his own knowledge, went for a year or two into a hospital but never gained a certificate.

All honour to the V.A.D. nurses for the work they had done in the War, but the trained nurses should have the protection afforded by registration at once, because when the War was over we should be flooded with a large number of women with a smattering of nursing, and no practical experience of ordinary hospital work.

Mr. Lewis asked how the College would deal with examinations, and what was to be the standard of training for the nurses on its Register.

The Chairman had mentioned the London Hospital might come into the scheme. He understood their training was for two years, and he should be sorry to see the standard lowered to two years even for the sake of getting in the London Hospital. It might be a very important hospital, but three years was the minimum which should be required before granting a certificate for nursing.

MR. FRANKAU, Deputy Treasurer, St. George's Hospital, enquired whether the College would make admission to its examination conditional upon a report from the training school.

MR. STANLEY said some of the questions raised were just those upon which the advice of the Consultative Board would be taken. In regard to Mr. Lewis' first point, about registration being hurried forward, he felt so strongly about it that he believed that if, in conjunction with the societies promoting State Registration, they could only get an agreed Bill, and he saw no insuperable objection, he should be inclined to urge it forward, and see if it would not be possible to get the Government to take it up as a matter of war urgency. With anything like united opinion on the part of the nurses, he believed it would go through.

MR. FOSTER, of the London Hospital, asked if a place could be kept on the Council for Lord Knutsford.

PROFESSOR RITCHIE (Edinburgh) asked that they might have the exact constitution of the College before them before the next meeting.

SIR HENRY BURDETT thought that many hospitals would send the College the latest copies of their registers of nurses; and Miss Musson strongly affirmed that she had not the slightest intention of giving her confidential hospital register to any committee whatever.

Others who took part in the discussion were Mr. Horton Smith, K.C. (Vice-Chairman of University College Hospital); Dr. Bezly Thorne, Mr. Garratt (Royal Free Hospital); Mr. Leach (North Western Poor Law Conference); and Miss Manser, Belfast.

The meeting concluded with a vote of thanks to the chair, proposed by Lord Sandhurst.

EXPERT PROFESSIONAL OPINION.

Miss L. L. Dock writes in the *American Journal of Nursing*: "It is difficult to speak in terms of moderation of the latest attempt of the British Anti-Registrationists to bind and shackle the nursing profession by one grand sweeping coup, as related in THE BRITISH JOURNAL OF NURSING. At this moment of national peril for Great Britain, when Englishwomen have suspended their claims for political justice to go to her aid; when nurses have ceased for the time of crisis to press their long campaign for legal status and have with one accord offered themselves to their country's service—this moment is selected by a set of persons with the usual array of high-sounding names and titles to bring forward the old, well-known, and hitherto defeated proposals to bring the entire body of trained nurses under the domination of an autocratic outside body of rulers through a so-called 'College of Nursing' (voluntary) incorporated under the Board of Trade. This proposition, circulated on the official paper of the Joint War Committee, is signed by its chairman. It has been put forward without consulting any organisation of nurses, and cannot but throw their members into a most trying situation. They must resist it to the utmost, and their would-be rulers and masters will raise the cry, 'Unpatriotic!' which is now so direfully potent in crushing every protest against losses of civil liberty and encroachment upon human rights. The Antis have never done anything worse or taken a meaner opportunity. Slippery as they have been in the past, no one could have expected this, even from them, at such a moment as the present. . . . The various evidences of confusion in nursing and First Aid during the emergencies of war have been advanced as a reason for the proposed control of nurses. . . . As usual, there is a lesson for us in this occurrence and we are prompted to warn nurses in this and other countries to strive incessantly to gain and to hold fast to their legal professional status and standards. It may be that, if the prevailing world epidemic of insanity spreads to the United States, American nurses will meet similar questions."

The *Nursing Journal of India* says: "THE BRITISH JOURNAL OF NURSING publishes a letter from the Hon. Arthur Stanley suggesting that, as State Registration has been hanging fire for the last twenty-five years, he thinks that perhaps voluntary registration might take its place. Voluntary co-operation amongst training schools—quite a different thing. He suggests that a Nursing College be founded, a voluntary body to which hospital governors, chairmen and Matrons and physicians should belong. No doubt the gentleman means well, but this is emphatically NOT what we want. We ask for State Registration with one recognised standard of training. Nothing less will content us."

THE MATRONS' COUNCIL.



The quarterly meeting of the Matrons' Council was held at 171 Oxford Street, London, W., on Thursday, April 6th; the President, Miss M. Heather-Bigg, was in the chair.

A letter was read from the Secretary of the National Union of Women Workers, in reply to one from the Hon. Secretary, respecting the need of arrangements for restricting the voting at meetings of the National Council of Women to the appointed delegates. Miss Green stated that steps had

already been taken with this object.

APPLICATIONS FOR MEMBERSHIP.

The following Matrons were elected Members of the Council:—

Miss Christine Falconer, General Hospital, Cheltenham.

Miss Cecilia Winter, Isolation Hospital, Broadheath, Cheshire.

Miss Florence Pitt, Cottage Hospital, Potter's Bar.

Miss Ruth Jones, Guest Hospital, Dudley.

Miss Elizabeth Surtees, Haverfordwest and

Pembrokeshire Infirmary.

Miss Mary Stewart, R.N., Queen's Canadian

Hospital, Beachborough Park, nr. Shorncliffe.

Miss Winifred Tait, The Hospital, Paramatta,

Sydney, N.S.W.

Miss E. W. Taylor, Red Cross Hospital, The

Castle, Dublin.

Miss Victoria Despard, Eccles and Patricroft

Hospital, Patricroft, Manchester.

Miss M. Walker, Union Infirmary, Birkenhead.

Miss E. Booth, City of Westminster Infirmary,

Fullam Road, S.W.

Miss R. Bland, Women's Settlement Hospital,

Balaam Street, Plaistow, E.

ELECTION OF REPRESENTATIVES ON CENTRAL
COMMITTEE FOR STATE REGISTRATION OF
NURSES.

The next business was the election of delegates to serve on the Central Registration Committee. Miss Mollett resigned shortly after the January Council meeting, as she has ceased to be in active practice and distance from town prevents her attending meetings in London.

Miss Musson and Miss Barton having accepted office on the nominated Council of the Nursing College, Ltd., the Memorandum and Articles of Association of which are opposed in principle to the fundamental policy and principles for which the Matrons' Council was founded, the following members were elected to act on the Central Committee for State Registration of Nurses as its delegates: Miss Marquardt, Matron, Camberwell

Infirmary; Miss Bushby, Matron, Queen's Hospital, Hackney Road, N.E.; and Miss Cancellor, Matron, Frimley Hospital.

THE PRESIDENT'S REPORT.

The President then presented a Report on the Conferences with the Hon. Arthur Stanley, M.P., re the organization of the Nursing Profession through a voluntary system of registration and a Nursing College.

Introduction.

It is always well—and sometimes necessary—to ask ourselves to what objects and obligations we are pledged by our membership of the Society to which we belong.

This afternoon, before passing to the Report of the Conferences, recently held, it would be well to remind ourselves of the fundamental objects of the Matrons' Council of Great Britain and Ireland.

It is this—we stand for the Legal Registration of Trained Nurses throughout the United Kingdom.

The educational aspect is admittedly one of great importance, but that—even that—sinks into insignificance in the greater light of the need of legal status by Act of Parliament.

We must—one and all—stand loyally to that object, resolutely setting our faces against side tracks, even though they carry with them the semblance of short cuts to enforcing the principles we have so earnestly worked for during the past quarter of a century.

First Conference.

On February 23rd, by invitation of Miss Swift, a conference was held between the delegates of the nursing organizations and the promoters of the Voluntary College of Nursing.

The Hon. Arthur Stanley presided, and explained at length the procedure he had followed in inaugurating this College of Nursing. This procedure revealed the omission of consultation with any of the organised societies holding adverse opinions to him and his advisers.

Miss Haughton then read a paper, putting forth the objects, scope and principles of the Voluntary College of Nursing.

The conclusion forced on those present was that, under the scheme, the nurses were not to be a self-governing body; that the Consultative Board would consist largely of "persons" interested in the relations between nurses and the public; and that men or women of general administrative experience were to help on the business side of the undertaking. This is the exact antithesis to the Nurses' Registration Bill. Under that Bill the registered nurses have the right to elect direct representatives on the Council, and it would therefore represent the nursing profession of the United Kingdom.

Dr. Macgregor Robertson recalled the fact that the Nurses' Registration Bill had been adopted by a Parliament of nurses, not only in Scotland, but in the three divisions of the

Kingdom. He said further that no Bill which did not contain the principles which it incorporated would be accepted by the nurses. He urged that the Nurses' Registration Bill be adopted as a basis of discussion, with the endeavour to secure an agreed Bill.

Second Conference

March 2nd.—The delegates from the Central Committee for the State Registration of Nurses met Mr. Stanley and his advisers.

The Memorandum on the movement for State Registration, drafted by the Committee, was presented by Dr. Goodall (Hon. Med. Secretary of the Committee). I need not go into that Memorandum—you have all read it in THE BRITISH JOURNAL OF NURSING.

Dr. Goodall emphasised the cogent points of the Nurses' Bill, viz:—

- (a) State Registration, after
- (b) A uniform curriculum, during
- (c) A three years' training, completed
- (d) By a single-portal examination.

Mr. Stanley was asked to arrange a further conference, in three weeks' time, between the promoters of the College of Nursing, and the delegates of the Central Committee for State Registration of Trained Nurses—thus affording Major Chapple and Sir Charles Russell, with their Parliamentary draftsmen, time to consider the Nurses' Bill and the Memorandum of the College of Nursing, with its Articles of Association, with a view to drafting the outlines of an agreed Bill. With much reluctance Mr. Arthur Stanley acceded to this request, limiting, however, the number of delegates from each Society to one.

Third Conference.

March 24th was fixed for this most important Conference. The eight delegates, inspired by the hope that an agreed Bill would be brought within their reach, came with an open mind, ready to concede points, wherever possible without sacrificing principles. Instead, however, of meeting the promoters of the Voluntary Nursing College only, and discussing jointly the Trained Nurses' Registration Bill, and the Memorandum and Articles of the College, we found a crowded meeting of sympathisers with the College scheme. The Conference merged into an ordinary meeting, affirming principles, being too unwieldy to discuss clause by clause the Bill and the College Memorandum. This is I believe an outline of the Conferences.

The great danger of the Voluntary College of Nursing is the "Hall Mark of Proficiency" it will engrave on the untrained or partially trained woman—bringing her into unjust competition with the fully trained nurse. The bestowing of "Certificates of Proficiency," on women specialising in medical or surgical nursing, and on women, other than those engaged in hospital work, can only create and inflict on the community a grievous wrong. Such a diversity of "Certi-

icates of Proficiency," will confuse the public; they will finally fail to recognise the fully trained nurse from the partially trained women.

It rests with the Nursing profession themselves—who are trained, and beyond the power of coercion from their training schools—to stand solidly for legal status and their rights and privileges as intelligent members of the body politic to govern their own profession.

THE BILL

The proposals made by Major Chapple, M.P., after consultation with Parliamentary draughtsmen, for bringing the Nurses' Registration Bill and the Nursing College Scheme into line, were then considered *seriatim* and approved.

RESOLUTION.

The following Resolution was carried, and the meeting then terminated.

"That this meeting of the Matrons' Council of Great Britain and Ireland desires at the earliest possible date to enter a protest against the constitution of the College of Nursing, Ltd.:—

"1. Because, as professional women, they strongly protest against any one person nominating a governing body for the Nursing Profession.

"2. Because the Council of the College is of an autocratic nature calculated to deprive certificated nurses of their rightful independence.

"This Council of Matrons awaits the result of negotiations *re* the Nurses' Registration Bill between the legal and voluntary registrationists, when, unless an agreed Governing Body for the Nursing Profession is adopted by consent, providing for a just measure of direct representation for the profession at large, the Council will feel compelled to place the whole case before the public, in order to protect the liberties of the rank and file."

ANNIE E. HULME,

Hon. Secretary.

THREE INTERESTING CEREMONIES.

Lord Aberdare, recently performed three interesting ceremonies at the King Edward VII Hospital, Cardiff. (1) Unveiled the portrait of the late King Edward VII, by Miss Margaret Lindsay Williams, (2) formally opened the Bruce Vaughan wing, (3) presented a bronze bust of himself, the work of Sir W. Goscombe John, R.A., to Colonel Bruce Vaughan. The new wing is named after Colonel Bruce Vaughan in recognition of his great work on behalf of the hospital. It contains 102 beds, and 10 beds for isolation purposes, with suitable accommodation both for nurses and servants. The wing includes the Llanbradach Ward, the Coronation Ward, and the John Nixon Ward, together with the Sir William James Thomas Ward, which is one of the finest in the provinces, and is brightly decorated with pictures of Welsh historical interest, and includes a fine pathological block and the Lady Aberdare operating theatre. The whole cost £40,000 to build, and £4,000 was spent on furnishing.

APPOINTMENTS.

MATRON.

Paddington Green Children's Hospital.—Miss M. C. Tisdale has been appointed Matron. She was trained at King's College Hospital, and has since been Sister at Queen Mary's Hospital, Carshalton; Ward Sister and Home Sister at the Queen's Hospital for Children, Hackney Road, N.E., and Night Superintendent and Assistant Matron at St. Mary's Hospital, Paddington, W.

South London Hospital for Women (Incorporated), Clapham Common, S.W.—Miss Annie Jones Pearce has been appointed Matron. She was trained at the Royal Free Hospital, where she afterwards held the position of Theatre Sister, and Sister of a Male Surgical Ward. She was then Night Sister at the City of London Hospital for Diseases of the Chest, till called up for duty on the Royal Naval Nursing Service Reserve in August, 1914, serving six months in the Royal Naval Hospital, Plymouth, and five months in Serbia as Sister in the Anglo-Serbian unit, returning to take up the position of Home Sister at the City of London Hospital for Diseases of the Chest.

Cottage Hospital, Hanwell.—Miss R. Fisher has been appointed Matron. She was trained at the Croydon Infirmary, and has been Staff Nurse at the Branch Seamen's Hospital, Royal Albert Docks, Night Sister at the West Norfolk and Lynn Hospital, King's Lynn, and Matron of the Harlington Cottage Hospital. She has just concluded six months' nursing work in Serbia.

Portarn Tuberculosis Hospital, Merthyr Tydfil.—Mrs. M. M. Walters has been appointed Matron. She was trained at the Rutland and Stamford County Hospital and has since held the position of Theatre Sister at the General Hospital, Merthyr Tydfil.

Cardigan House, Surgical Hospital for Children, Newport, Mon.—Miss Elsie T. Edwards has been appointed Matron. She was trained at Acton Lane Infirmary, Willesden, and has since held the position of Sister at Glan Ely Tuberculosis Hospital, Cardiff.

Tregaron Hospital, Cardiganshire.—Miss Annie E. Jones has been appointed Matron. She was trained at Oldham Infirmary, and has since held the position of Sister at Glan Ely Tuberculosis Hospital, Cardiff.

CHARGE NURSE.

Isolation Hospital, Ottershaw, Chertsey.—Miss Annie L. Green has been appointed Charge Nurse. She was trained at the Wandsworth Infirmary, and in fever nursing for two years at the Isolation Hospital, Chertsey, where she has been Staff Nurse and Charge Nurse on both day and night duty.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Lilian, Mary Lock, and Miss Florence Maude Thornton have been appointed Nursing Sisters in the above Service.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Dorothy Forder is appointed to Grantham; Miss Edith M. Hall, to Sittingbourne and Milton Regis; Miss Mary Tattersall, to Beaconsfield; Miss Gertrude Trotter, to Guildford; and Mrs. Yeadon, to Fallowthorpe.

PRESENTATION.

At a representative meeting of the women of Maybole and district, held in the Town Buildings, Sister Jenny Andrew, of the Serbian Red Cross Mission, who is a native of the burgh, and formed one of Dr. E. Inglis's party of nurses in Serbia, was presented by Mrs. Thomson, Kincaid United Free Manse, Maybole, with a gold wristlet watch and purse of sovereigns as a mark of their appreciation of her magnificent work.

THE ROYAL RED CROSS.

Amongst those decorated by the King on Tuesday in last week was Miss Kathleen Latham, Sister in Queen Alexandra's Imperial Military Nursing Service Reserve, who received the Royal Red Cross of the Second Class. Miss Latham was trained and certificated at St. Bartholomew's Hospital, where she subsequently held the position of Sister.

The Hon. Arthur Stanley, on his recent visit to France, presented to the Baronne Lelasseur the Royal Red Cross, which has been conferred upon her by the King in recognition of her services to the British Red Cross Society when working at the Astoria. She first opened the Astoria as a hospital under the French Red Cross, and later collaborated with the British Red Cross, when they moved further north.

BRITISH NURSES HONOURED.

The "Médaille d'Honneur des Épidémies" has been bestowed on two members of clearing hospital No. 16 of the British Red Cross in France. The Silver Medal is awarded to Mrs. Bradley (Matron) and the Bronze Medal to Miss Dorothy Gully, a Sister employed in the nursing of contagious cases.

IN AID OF STATE REGISTRATION.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss C. I. K. Sumner, 10s.; Miss Livingston Charteris, Miss P. Franklin, 5s.; Miss L. H. Hayes, 5s.; Miss G. B. Macvitie, 5s.

THE PASSING BELL.

We regret to record the death on April 9th, at the London Hospital, of Nurse Winifred Gertrude Evans, eldest daughter of Mr. Walter Evans, of Ellesmere Lodge, Snarebrook, and Ratcliff Cross, E. The funeral service takes place at Christ Church, Wanstead, on Thursday, April 13th, and the interment at the City of London Cemetery, Ilford.

NURSING ECHOES.

The Army Council has decided to take over the new infirmary at Barnet which was in course of erection when the war broke out. Owing to the impossibility of raising money under the existing conditions, the fine new block of buildings had to remain *in statu quo* until such time as the L.G.B. would give permission for their completion. The decision of the Army Council has therefore given mutual satisfaction, and the work is going full speed ahead, the contractors being under an obligation to complete it by June 28th. The authorities, both medical and nursing, have expressed themselves highly satisfied with the buildings, which stand high on an ideal site, and command a magnificent view of the beautiful Herts country. We are not sure that the authorities are not casting covetous eyes at the lately acquired premises known as Pickering Lodge, which are the proud possession of the Barnet Infirmary nursing staff. This is a home that indeed any nurses would covet, and the Guardians are to be congratulated on its acquirement instead of carrying out the costly plan of adding to the old nurses' home. It is closely adjacent to the workhouse. The house, which has always been inhabited by wealthy people, is fitted with every convenience and finely decorated. There is a large ornamental garden and tennis lawn, and although this may sound an extravagant acquisition, it was obtained on most moderate terms. It is gratifying to think that the nurses of Barnet Infirmary are now properly housed, and are correspondingly appreciative. Somehow we do not think the Army nurses will have much chance there, but there are other plans for their comfort.

At a recent meeting of the Chesterfield Guardians Mr. H. W. Day (Bolsover) referred to the great difficulty the Board had in obtaining charge nurses, pointing out that whenever there was a vacancy a nurse had to be engaged from a nurses' institution at an outlay of about 35s. per week. This arrangement also interfered with the training of probationers.

On the recommendation of the House Committee, it was resolved to ask the Local Government Board to allow of the payment of a bonus of £10 each to the superintendent nurse and each night and charge nurse, provided they remained with the Board twelve months.

This arrangement is to be for the period of the war only, and it was stated that it was estimated to represent a saving of £40 per annum.

A correspondent sends us the following personal experience:—

"The evening shadows are beginning to fall, and the road leading to the casual ward is becoming sprinkled with—well, the sort of people that frequent casual wards. Here an unshaven man limping with a stick; there a family—father first, of course, and what a father; mother next—what a mother—pushing the whole of the family possessions in a dilapidated mailcart; children of various ages, dirty, tired, and pathetically appealing. Finally, an old woman—how old, Heaven knows: anything between sixty and eighty. This class is so extraordinarily old at sixty, so extraordinarily young at eighty, that it is hard to judge. Her weatherbeaten face is tied round with a cotton handkerchief to protect her ears from the wind, and on her tousled head surmounting the handkerchief is a battered black bonnet. The rest of her garments *en suite*. Her boot—I speak advisedly—is of the usual apologetic class. The other foot is tied up with clouts till its shape resembles an elephant's in form and size. She is hobbling along with a stick.

Taking an interest in these, I stop and enquire of the old dame if she would not be more comfortable in the infirmary.

"Old yer tongue! Yes, I got a poisoned foot, but I got to nurse a person in 'er confinement very soon, an' she wouldn't 'ave no one but me. Next week I got to clean and white-wash 'er room ready for 'er confinement, so I mus' be back for that."

I walk on reflectively."

It is not often that the President of a hospital makes so discriminating a speech on the work of its Matron as did Lady Pirrie, the President of the Royal Victoria Hospital, Belfast, at its recent annual meeting. Lady Pirrie herself indicated the source of her insight: "as a woman," she knew; which proves the wisdom of the governors of the institution in appointing a woman as the head of an institution so largely concerned with women's work.

In moving the adoption of the Report, Lady Pirrie said:—In addition to the treatment of civilians, she was sure it had been a great gratification to the medical, surgical, and nursing staff to have had the opportunity of nursing the gallant sailors and soldiers from active service, and to know that so many were restored to health and strength by the skill and attention they received there. They all heartily agreed with the words in the report that the doctors who, without fee or reward, give their services so freely to the great work of the

institution, were deserving the thanks of the community for their self-sacrificing devotion to the cause of suffering humanity. Their very warmest and most grateful thanks were also due to the Hon. Secretary and Treasurer, and particularly to their Superintendent (Colonel Deane). As a woman, knowing what the practical needs were of carrying into effect the care of the sick, she realised the immense importance to the institution of the work done by their Matron. She would therefore like to express their united appreciation to Miss Bostock, whose knowledge and fine example must be a great incentive to the nursing staff, who assisted her in accomplishing the splendid work which they were continually called upon to do. The daily round of domestic duties quietly done meant the basis of efficient and economical administration.

The State Board of Registration for Nurses of Pennsylvania has decided, says the *Modern Hospital*, to appoint an educational director, whose duty it shall be to inspect the training schools throughout the State with reference to the curriculum, housing conditions, and efficiency of the school in general. The creation of this position marks the beginning of a new era in the administration of the State Registration Act, and if a properly trained person is selected for this responsible position, Pennsylvania training schools will have placed themselves in the foremost rank in the country.

It is generally well known that, while certain hospitals publish a most elaborate schedule of didactic and practical classes for their student nurses, many of them do not adhere to the schedule, and permit the practical work to interfere with classes whenever it suits the convenience of the institution. The time has come when hospitals that desire the services of student nurses will have to assume a heavy obligation to the student. They are conducting an educational institution for the training of high-grade women, and while, to impart this training, practical ward work is essential, the theoretical work is of equal importance and a necessary preliminary to the performance of efficient nursing. The education of nurses should not be dependent on the whims or personal convenience of visiting physicians or other attachés of a hospital. Every school worthy of recognition by the State Board should be required to employ a staff, however small, of paid teachers, whose services are quite as necessary in supervising the practical bedside work as they are in lecturing.

Miss A. Simpkin (late Sister Hope, St.

Bartholomew's Hospital), now working at Kota-Kota, Nyasaland, as a member of the Universities Mission to Central Africa, writes in a letter to a correspondent published in *St. Bartholomew's Hospital Journal*:—

"It is some time since I received your nice long letter, which I was very pleased to have. Dr. Tooth would be horrified every day if he knew the things I have to do alone. I often wonder how I dare, but when it seems to be a question of losing a limb, or life and death, one does one's best. So far nothing dreadful has happened, I am thankful to say. I have had to give chloroform and do the operation myself five times in the year. I am terrified at the anæsthetic.

"I had a strenuous time in the late autumn. The priest-in-charge had enteric fever, and that meant night and day for six weeks. Again, I was very thankful for Dr. Tooth's teaching.

"When the patient was rather bad, we had a message to say our layman, who was building a church forty-four miles away, was very ill with 'blackwater.' I was all there between them!

"I sent off a machila and team and my head dawa* boy to fetch the other patient, and started at 5 a.m. myself the next day to meet him halfway, or go on to him if they had not dared to move him. The Resident Magistrate here, the only European besides ourselves, lent me his mono-wheel bath car. I got to the village agreed on as a meeting-place at 11 a.m., and the patient was brought in terribly exhausted soon after 11.30. I put him to bed in a tent and did what I could for him. It was very hot (104° F. in the shade), so we waited until 4 p.m., and then started back on our seven hours' trek. The night was very dark, and we were five hours passing through the forest. It was a strange experience. I dared not let the carriers make their usual noise because of the patient. There were forest fires here and there. Sometimes the carriers got frightened (there were thirty of them). I could tell when they did, and they required some managing. However, we saw no wild beasts. I was thankful when the patient was safely in bed at the hospital. We got our doctor a few days later, and the second case soon got well. When the other patient was convalescent I took him up to Dowa to recruit. He stayed with the Resident and his wife there, right up in the hills. They are delightful people, and have a lovely garden, with all sorts of English flowers. It was a five days' journey, and I stayed there three days and a half, and came back here alone."

* Dispensary.

A FAMOUS AMERICAN HOSPITAL.

THE MASSACHUSETTS GENERAL HOSPITAL, BOSTON.

It was our good fortune when travelling from New York to San Francisco, to meet Miss Parsons, Superintendent of Nurses of this hospital, and her travelling companion and friend, Miss Hall, the Superintendent of another Boston hospital—of which more presently. The former gave us a most cordial invitation to visit her before return to Engla.d. "You cannot return without visiting Boston," she said. Her tone seemed to imply—you will miss a great educational opportunity if you do! So, desiring to be saved from that stigma, we (Miss Hulme and myself) went! And our visit was one of our happiest experiences. In spite of the fact that Miss Parson's position is no sinecure, she yet found time—or *made* time—to provide that we should see all that we wanted to see in Boston.

The town is one of great historical interest to all English people. It is the capital of the State, and its situation on an inlet of Massachusetts Bay, called Boston Harbour, recalls vividly the historic "Boston Tea Party" of 1773, when about fifty men disguised as Mohawks, boarded the British tea ships and threw overboard 400 chests of tea. Oliver Wendell Holmes has immortalized that event in song. Boston, as we know, took a leading part in the Revolution, which culminated in the Declaration of Independence of 1776.

Besides this, the town is famous for many things. It is the birthplace of the spiritually-minded Phillips Brooks, who afterwards became Bishop of Massachusetts. Then there is the beautiful Trinity Church, built in the Romanesque style, at a great cost. The beautiful Municipal Library, renowned for its fine mural painting by Sargent, and others by Abbey. Some may remember when they were on view at the Guildhall, London, previous to being shipped to America. In the suburb of Cambridge, just across the river Charles, is the celebrated Harvard University; and near by is the house where dwelt one of America's most famous poets—Longfellow—now occupied by his daughter. In the village street stands the house of Dexter Pratt, the original of the poet's "Village Blacksmith." The forge has disappeared, but the "spreading chestnut tree" still stands. We had tea in the blacksmith's house, which is now used for that purpose as an historic show place.

There are many hospitals in Boston, but the Massachusetts General Hospital is certainly the most famous. It is old enough to have a history, and very interesting it is, both as a pioneer institution and also as a training school. It was founded in 1820, and is the third oldest in the States. It is, however, as a training school only, that we can regard it at present; we must refer to it another time and talk about the great event which has made it famous throughout the civilized world. Since the inception of the school, in 1873, until the present day, it has made steady progress,

continually advancing with the times, and keeping in step—as training schools should—with the advance and requirements of the medical profession. It is not too much to say that the standard of training has now reached high-water mark. The names of some of the most distinguished graduates are associated with this hospital, notably Miss Linda Richards and Miss Anna C. Maxwell (Superintendents), who organized the school in its early life.

The present Superintendent—Miss Parsons—our genial and hospitable hostess, belongs also to the Worshipful Order of Progressionists! She is a zealous educationist, and various important improvements have been made since her incumbency. Besides the usual subjects taught, which always includes dietetics, under a skilled dietitian, an administration course is given; also lessons in invalid occupations (we have seen the wonderful things that can be done in this way). The idea originated at Teachers' College, Columbia University, New York. Also a series of talks on current events. (N.B.—A splendid, mind-broadening exercise.) A three months' course in mental nursing, at the McLean Hospital for the Insane, close by; a four months' course in public health nursing; and last, but not least, a three months' course in the hospital social service department. A three months' course for probationers has also been established—what we should call a preparatory course. Two expert teachers are in charge of this department—one for theory and the other for practice. The probationers are distinguished from the junior nurses by their uniform. The gown is different in colour; they wear aprons without bibs, and no caps. (N.B.—A probationer in an American hospital is a pupil of the preparatory course, quite distinct from the junior nurse, who has been through it and is working in the wards.) The teacher of the practical course is Miss McCrae, a Scotchwoman. We had the advantage of being present at a lesson given by each of these teachers, and we formed the opinion that the pupils were very fortunate girls. The practical lesson was naturally particularly interesting. A wax figure in bed provides the object for the demonstration. The pupils sit around, while one of their number is selected to demonstrate. On this particular occasion, it was the preparation for and the method of passing the catheter. Miss McCrae has the faculty of imparting knowledge in a most interesting and attractive manner. She is keenly observant and never overlooks the smallest fault or omission; but before correcting, she will usually ask the class to point out the fault and so incite observation in spectators and demonstrator at the same time. The Massachusetts General Hospital also enjoys the reputation of being the first hospital in the States to establish and develop an organized system of hospital social service. The subject is one of such deep interest and importance that it deserves to be treated separately, which I hope to do later.

BEATRICE KENT.

BOOK OF THE WEEK.

"THE RED HORIZON."

Is it better to be a hero dead?
Or thrice a hero dead?
"It's better to go to sleep, my lad,"
The colour sergeant said.

A realistic chronicle of the life of our lads in khaki, from the moment of enlistment till it reaches the daily, hourly experiences of the trenches. There is something so convincing in the narration, in the absence of emotionalism and sentimentalism. No dramatic force could bring home to the mere reader the awe-inspiring incidents, the marvellous soul-stirring heroism, so effectively as this matter-of-fact description of events, the very consideration of which our mind refuses to grasp. The true Celtic nature of the autobiographer speaks in the mingling of poignant pathos with racy humour, and we close the book with an added sympathy, an added respect, and a more passionate gratitude towards our heroes, though we had felt before that we were full to overflowing.

Somewhere in France the London Irish were first billeted in the rest camp, where the preliminaries were gone through, such as the serving out of the sheepskin jackets. We made our way to the canteen, where soldiers recovering from wounds worked as waiters, and told us when they had a moment to spare of hair breadth adventures in the trenches. Bayonet charges were discussed.

"We've been in three of 'em," said a quiet, inoffensive-looking youth. "They were a bit 'ot, but nothin' much to write 'ome about. Not like a picture in the papers, none of 'em. You just 'ops out of your trench and rush and roar. The Germans fire and then run off, and it's all over."

Our men were wise in selecting only necessities. All took sparingly and chose wisely. Fancy socks were passed by in silence; the homely woollen article was in great demand. Bond Street was forgotten.

The lady of the café where they were billeted lost her *petit garçon*, and he was to have been home on holiday shortly.

"Somewhere," out there, "where the guns are incessantly booming, a nameless grave holds the *petit garçon*, the café lady's son; next Sunday, another mourner will join with the many in the village church, and will pray to the Virgin Mother for the soul of her beloved boy."

How pathetic and terrible is the discovery of the sanitary man.

"He was killed in the winter," said the sanitary man, pointing to the gloves on the dead soldier's hands.

"Who is he?" I asked.

The man with the chloride of lime opened the shirt of the dead man and brought out an identity disc.

* By Patrick Macgill. Herbert Jenkins, Ltd., London.

of beads with a little shiny Crucifix on the end of it from the dead man's neck.

"It's his rosary," I said, and my mind saw in a vivid picture a barefooted boy going over the hills of Corrymeela to morning Mass with his beads in his hand.

"Here's a letter," said the sanitary man. "It was posted last Christmas. It's from a girl too."

How touching this letter, in which the Irish girl, his girl, tells him "Your mother and me is making the Rounds of the Cross for you and I am always thinking of you in my prayers. The socks I sent were knitted by myself, and I've put holy water on them. Don't forget to put them on when your feet get wet. It'll be a grand day when you come back, and God send the day to come soon."

How delightfully natural are the little inconsequent conversations recorded, bringing the very atmosphere of the men out there around one, oddly appealing though. It was here that Bill complained of the scanty allowance of his rations to an officer when the plum pudding was served out at dinner.

"Me and Stoner 'as got 'ardly nuffink," said Bill.

"How much have you got?" asked the officer.

"You could 'ardly see it, it's so small," said Bill, "but now it's all gone."

"Gone?"

"A fly flew away with my portion and Stoner's 'as fallen through the neck of his waterbottle."

We are conscious of great satisfaction in hearing that Bill and Stoner got a second portion.

Here is a glimpse into the inner mind of the author, relieved for the moment from the horror of the trenches.

True there was a barn with cobwebs on the rafters down the road, a snug farm where they made fresh butter and sold new laid eggs.

But there was something in the night, in the ghostly moonshine, in the straight road, in the sound of rifle firing to rear and in the sing-song by the tired boys coming back from battle that filled me with infinite pathos and a feeling of being alone in a shelterless world. "Here we are," they sang, "here we are again." I thought of Mervin and six others dead, of the white crosses, and I found myself weeping silently like a child.

And the happenings in this simple record from a powerful pen are personal experiences!

H. H.

COMING EVENTS.

April 13th.—Meeting Central Committee for the State Registration of Nurses, Council Chamber, British Medical Association, 429, Strand. 2.30 p.m.

April 14th.—National Council of Women: Special Council Meeting on New Employments for Women. Y.M.C.A. Hall, Tottenham Court Road, W.C. 11 a.m. to 1 p.m., and 2.30 p.m. to 4.30 p.m.

April 14th.—Central Midwives Board. Special Penal Meeting, Caxton Hall, S.W., 11 a.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we in any way hold ourselves responsible for the opinions expressed by our correspondents.

DEVELOPMENT TO MEET NEW CALLS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read in your paper a few weeks ago that it is proposed to start a Club for Nurses in London. It struck me that this was the first thing of the sort for members of our profession, and a step in the right direction. It is a sign that we are recognising (in common with other women) that we must develop our lives among larger lines, lines large enough to meet the new calls of our day and generation. There is no doubt that the nature of our occupation tends to narrow our horizon. Here is to be a Club where we can come into touch with other sides of life, write letters, read books and meet our friends.

I hear that the Club cannot be started, premises taken, &c., until a good sum is in hand, and I have a definite proposal to make. Will every nurse who reads this letter send a few stamps towards raising the £2,000 needed; this would show that we ourselves wish to take part in what is for the advance of our profession.

Considering the thousands of nurses who read your paper, a large sum could be raised without difficulty, and we should have had a hand in doing the thing ourselves. I hope the Hon. Secretary, Miss C. H. Mayers, Sloane Gardens House, 52, Lower Sloane Street, London, S.W., will be inundated with stamps in answer to this letter.

HOSPITAL SISTER.

[We have pleasure in publishing this letter as requested. We fear, however, that nurses are at present so occupied and have so many calls upon their purses that they have little time or money to spare for the organisation of a Club for their own benefit.—ED.]

PERTINENT INQUIRIES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Many years ago I put my name on the Register of the Royal British Nurses Association, and always believed that until such time as an Act of Parliament for the legal Registration of Nurses were passed this would suffice. Now we are being urged to support another scheme for voluntary registration through the College of Nursing, Ltd. Is it fair that when we have already paid for registration under an Association having a Royal Charter, we should be expected to pay again for registration under a Limited Liability Company if we wish to be "up to date," as someone said to me the other day when urging me to support the College scheme? It gives one a feeling of great insecurity. Guineas are none too plentiful with nurses, and if the new scheme

is up to date now something else newer may come along in a year or two, and then what is to be done. Shall we have to pay yet another guinea in order to keep abreast with the times then, and what advantage will it be to register under so many schemes? I do not propose to spend any more money on any of them, but when we get legal registration, and a legally protected title, I will gladly pay £3 3s. or more if required, as I consider the advantages one will secure will be cheap at the price.

Hoping that I may soon have the joy of enrolling my name on a State Register, and may have the right to use the title of Registered Nurse, and thanking you for your work on our behalf for so many years.

I am, yours faithfully,
A LEGAL REGISTRATIONIST.

GAS GANGRENE IN GUNSHOT WOUNDS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been much interested in reading the report you published last week of Lieut.-Col. Gordon Watson's article on Gas Gangrene in Gunshot Wounds. Many of us who are busy workers in hospitals, who do not see the medical papers, and, if we did, have no time to read them through and pick out what is useful to us, greatly appreciate having this done for us, and just those things that we want extracted, with, it seems to me, an unerring instinct, and presented to us in our own JOURNAL. It often seems to me when mine comes to hand that some subtle sixth sense, must have told you just what I wanted to know about.

Recently I have nursed several cases of gas gangrene, and therefore the lucid article on the subject is specially interesting to me. It is a terrible complication, so sudden in its onset, so frequently fatal in its results, and so painful to the patient, and therefore to those around him before relief comes either in convalescence or death. I hope when this war is over I may never see another case.

Thanking you for your splendid work for the nursing profession.

Yours faithfully,
A CONSTANT READER

OUR PRIZE COMPETITIONS.

April 22nd.—In what way and in what respects can the nutrition of the infant be improved by ante-natal supervision of the mother.

April 29th. What is an empyema? What operations are undertaken for its relief, and what have you to say about the after nursing?

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

"MOTHCRAFT."

At the present time the healthy infant born to the Empire is of the greatest importance, and therefore the publication by the National League for Physical Education and Improvement is opportune. For, in the end, the preservation of infant life depends mainly on the care bestowed by the mother, and neither instruction nor affection are equal to the task if they are not enforced by intelligence and knowledge.

In this book there are gathered together a selection from courses of lectures on infant care, delivered under the auspices of the National Association for the Prevention of Infant Mortality, some of which have already been reported in these columns, and they contain an immense amount of information, given by experts in the subjects discussed, of the utmost value to all concerned in the care of infants and young children.

The chapter of "The Problem of the Future," in which Dr. Saleeby discusses the question from the point of view of population, of national survival and of eugenics, is of great importance. While subscribing to the eugenic theory that those who are best qualified to survive become the parents of the next generation, and that the survival of the fittest involves the extinction of the less fit, he strongly repudiates the deduction that those who stand for infant care are preparing for the degeneration of the race, because they have not the courage to face the stern necessities of the laws of life.

Dr. Saleeby contends that "the process of infant destruction is a hideous counterfeit of natural selection. Natural selection either slays or spares, but this process is one which slays and spares."

Many of the processes which cause infant mortality, such as the slum and the public-house, are not natural, but hideously unnatural."

"The best thing to do is to care for all the babies we have, and also to care for all mothers that are, and all healthy mothers that may be. . . . At the time of the Boer War and afterwards we found that it was the men that mattered. Men with long lost teeth, or suffering from the consequences of rickets, were of no use to us." After a Royal Commission in Scotland had sat on Physical Training it was realized that no amount of physical training could bring back those lost teeth; then "it was realized that children came to school already damaged in health, so more attention was directed to the infant, and gradually, as taught us by France and Belgium, to the expectant mother. The whole thing is the history of a military problem. Men were wanted.

By slow stages Parliament, the public, and the press are being brought to realize that life is continuous, that every second of life matters, that the needs and consequences of life are continuous. We cannot get soldiers or men ready made. We must go back to infancy and motherhood."

After discussing the racial poisons, and their influence on infant mortality before and after birth, Dr. Saleeby says that probably not less than half of the mortality before birth is due to syphilis. This is not natural selection, and has nothing to do with weeding out rubbish. It is taking good stuff and rotting it. Many human races have been destroyed by these racial poisons before now. Syphilis is not alone. In alcohol, for instance, it has a faithful and trusty ally.

"The future of our race and of the Empire depends on the subject with which we are now dealing. I can with difficulty conceive of any process whereby all the happy lands which fly our flag can be for ever maintained from a Motherland of forty-five million people, as against for instance, seventy million Germans. We can only maintain that Empire by peopling it. This is the world problem of the future. The war will demonstrate the importance of sheer man power in peace as in war. Let us live remembering that all men once lay in cradles, and were carried hither from cradles not made with hands, temples holier still, the *sancta sanctorum* of life."

In an addendum, writing in January last, Dr. Saleeby points out that "the vital statistics of the past year are the most deplorable in our national history. Our losses in men are unprecedented alike in quality and quantity. The birth rate was the lowest on record. Meanwhile, our Empire has been immensely enlarged, and our future responsibilities proportionately enhanced by those very military processes which cost us in the first year of war no fewer than 80,000 deaths.

The "problem of the future" now becomes the problem of "saving the future" thus imperilled. The mere accumulation of the elderly, due to the modern lengthening of life will not avail us. We must save the new and coming life. It is deplorable beyond words that, without meteorological excuse, the infant mortality should have risen in 1915, though the nation made such generous allowance for the children of its soldiers. Thanks to the heathen deity whose temples adorn all our street corners, and to the racial poison poured out in libations to him, the future has too often been killed by the very means which the nation had allotted for saving it. If we are to be true to our holy dead and the cause for which they died, we must establish, and that right early, a modern mother-and-child worship which shall save our infants through their mothers, the natural saviours of infants, regarding each as a potential

Trustee of Freedom, whether to resist such armed assaults, or to leave our country open for great campaigns of peace to come."

The lectures on "Infectious Diseases" by Dr. J. D. Rolleston, on "Monstrous and Diseased Pregnancies," by Dr. Arthur Keith on "The Prevention of Ear and Throat Troubles in Infancy by Mr. Macleod Yearsley, F.R.C.S., and on "Venereal Disease in relation to Dead Birth and Infant Mortality," by Dr. Eardley Holland, should all be carefully studied.

The book is published by the National League for Physical Education and Improvement, 4, Tavistock Square, W.C., price 4s. 6d. net (postage 5d. extra).

WHAT TO DO IN EMERGENCIES.

Dr. Mildred Burgess delivered a very interesting lecture upon the above subject, in the Hall of the Royal Society of Medicine, 1, Wimpole Street, on Monday, April 10th, the last of the present course under the auspices of the National Association for the Prevention of Infant Mortality. She classified her subject under two main headings, namely:—

1. Emergencies which come from within;
2. Emergencies which come from without, or medical emergencies and surgical emergencies.

In enumerating common illnesses which call for the attendance of the doctor, she mentioned feverishness lasting *over* 24 hours. Slight temporary feverishness, she explained, was very common, and did not necessarily indicate anything serious; long duration was sometimes of more importance than a really high temperature, which was especially common among children of the dirty poor. She instanced the case of a child brought into the ward with a temperature of 104 degs. The simple treatment of a warm bath, cleanliness, ventilation—in short, the simple hygiene of the ward, was sufficient to bring down the temperature and cure the child!

Rash and severe pain were other symptoms requiring the immediate attendance of the doctor. Dr. Burgess did not recommend the frequent use of castor oil; but in cases of diarrhoea, it was useful for the purpose of quickly clearing the bowel of poison. She explained at some length the causes and treatment of *fits*, which she said were symptoms of diseases and not a disease. The two kinds of fits are (1) Those occurring soon after birth; and (2) those due to rickets, the former kind being the most serious, and caused by some brain trouble, and lasting sometimes through life. The exciting cause in the latter kind is usually either teething, bronchitis, or indigestible food. The child should be quickly undressed, placed in a hot bath in a warm room, and cold water should be applied to the head. For any sick child, pending the arrival of the doctor, a hot bath is safe treatment; the child should then be placed in a warm blanket and put to bed.

Dr. Burgess urged the necessity of keeping the child on low liquid diet. "A child can be kept alive for two or three days *without* food, if plenty of fluid is given," she said; it is a mistake to suppose that a sick child needs much feeding.

Epilepsy.—There are two kinds of this more serious form of fit:—

1. The Petit Mal.
2. The Grand Mal.

To recognize symptoms and recognize them quickly is the first step in the treatment of emergency illness. In Petit Mal, there is no twitching of the body, but the white face and the staring eye indicate the mischief. The clonic stage, in which all the muscles are in a state of spasm, and the breath drawn in, followed by a state of coma, are the serious indications of Grand Mal. In both cases the child falls down. The clothing must be loosened, fresh air given, and—in the latter case—the usual care given to prevent the tongue being bitten.

The three forms of Croup were next dealt with, namely: (1) Spasmodic; (2) that which occurs with acute laryngitis; and (3) the more serious form of diphtheritic croup.

That all persons having the care of children should have some knowledge of children's complaints is self-evident. Dr. Burgess gave an example of the seriousness of ignorance in this respect. A school boy received an injury in the playground which caused unconsciousness. "We had the greatest difficulty in keeping him propped up against the wall," was explained to the doctor!

In the treatment of burns, the lecturer emphasized the greater danger of *shock*, which should be treated *before* the burn, as the treatment of the burn first might increase the shock. The treatment of cuts, bruises and other injuries, was also dealt with, and receptive minds must have stored much useful information.

Dr. Robertson, Medical Officer of Health for Birmingham, speaking at the Annual Meeting of the Birmingham Maternity Hospital, appealed to the public for more generous support. One of the hospital's most important functions, he said, was in training midwives and maternity nurses, and thus not only the poor women of Birmingham and district benefited, but also women throughout the land by being able to secure thoroughly trained attendants. He hoped that now greater attention would be given to this subject than ever before, because as one result of the war they would have between 4,000 and 5,000 fewer babies born in Birmingham this year than in a normal year.

The Association of Infant Welfare and Maternity Centres desires to make it known that the use of the name of the Association in connection with the Child Life and Welfare Exhibition, which is to be held in London in June, is unauthorised. This matter had merely been under consideration by the Association, and it was decided that no part should be taken in the Exhibition.

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EDITORIAL.

THE HEROISM OF NURSES.

Mr Membrey, M.L.A., Melbourne, Victoria, speaking on a public occasion in support of an effort to raise funds for the Red Cross, and the Edith Cavell Trust Fund, established for the benefit of sick and incapacitated Military Nurses, referred warmly to the heroism of the Military Nurses, saying that there was none superior to it. There had been heroines in past wars, but no name would ever be regarded with such feelings of sympathy as that of Edith Cavell.

Colonel Springthorpe said that the men at the front had been electrified by the magnificent work done by the women of Australia. The nurses sent were especially fitted for the duties they had to perform, and they performed them in a most efficient manner. The great thing at the present time was to do the best thing possible to assist in this great war. There were a great many people who could do better work at home than at the front, and vice versa. The work of the nurses had been magnificent, and the pluck of the Australians in the firing line was superb. Never had he heard a grumble or a single complaint. He was proud of Australia before he went away, but now he was unutterably proud of it. The women's sacrifice had been as great as the men's, and in many cases the danger had been very little less. The work they had done deserved the everlasting thanks of the community. A number of these women would come back incapacitated, and the fund they were raising that day would fulfil the worthy object of affording relief.

It is right that the work of the nurses should be appreciated, but we doubt if it can ever be estimated at its true value by the most sympathetic of friends. It must be known from the inside to be accurately

gauged. Heroines are not made when a sudden call comes under the stress of a terrifying explosion or bombardment. The finely tempered steel, which responds in a moment to the hand upon it, has been fashioned only after passing through many processes. In the same way the fashioning of nurses into the highly skilled and competent women, who instinctively act in a disciplined way when threatened by danger and sudden death is the work of years of arduous training of raw material responsive to teaching. That is the secret of their heroism. They have duly subjected themselves voluntarily to hardships, they have always placed the interests of their patients before their own, if they are worthy of the name of nurse, and they instinctively apply the principles they have practised through monotonous days and nights when a moment comes for making the supreme sacrifice. And no members of their profession are surprised. They would be surprised indeed did they not do so.

This confidence of the nursing profession in their comrades under all circumstances, has a place, we believe, in stimulating them to respond to the demands made upon them and in helping them, all honour to them, to win through.

It is a generous thought to raise, as a memorial to Edith Cavell, a fund for the benefit of nurses who return to Australia incapacitated: Only, we hope that it will supplement, and not be a substitute for, the pensions, or allowances, which should be assured to all those nurses who are incapacitated in the course of their work for our wounded. They no less than the fighting men should have this provision as a right. But pensions we know must perforce be provided on a just, rather than on a lavish scale, so that there is still scope for the fund which is being so generously supported, both as a memorial to the dead, and a provision for the living.

VACCINE AND SERUM THERAPY.

Vaccine and serum therapy, whether as prophylactic or therapeutic measures, are two distinct, though closely allied, methods of combating disease.

A vaccine is a chemical agent, which, when introduced into the body, elicits, by a sort of chemical reflex action, an elaboration of substances which have the property of fastening upon it, neutralising it and breaking it down.

Bacterial vaccines are sterilised and enumerated suspensions of dead or attenuated bacteria, which furnish, when dissolved in the body, agents which stimulate the healthy tissues to a production of specific bacterial substances, which fasten upon and contribute to the destruction of the corresponding bacteria.

Most vaccines are prepared by cultivating the bacteria, killing by heat, and counting and diluting them to the point of standardisation. Needless to say, the whole thing must be perfectly sterile, and is tested before use.

Vaccines may be "autogenous" or "stock," the latter, of necessity, being most common and most practicable. An autogenous vaccine is one prepared from cultures of the microbe, obtained directly from the patient's blood, and although, as the preparation takes some time, this method is often impracticable, it gives us the best guarantee that the bacteriotropic substances generated in response to it will be such as will enter into destructive combination with the cause of the malady.

A stock vaccine is one made from the same species of microbe, but not from cultures which are directly affiliated to it. Needless to say, these are always the only kind obtainable for prophylaxis.

The latter is performed with the object of producing "anti-bodies" which will confer immunity against a subsequent attack. When used to counteract disease fully developed, it is believed to stir up the resisting forces of the whole body instead of a limited section.

"Phylacogen" is a name applied to an extract of vaccine from which the bacteria have been filtered out, so that only their products remain.

An "antitoxin" serum is prepared from the serum of the blood of an animal which has been inoculated with gradually increasing and carefully regulated doses of the specific toxins.

The serum contains the antitoxic or bacteria-destroying properties, as the case may be. Their action is somewhat complex. They are said to assist the natural antitoxins, which are always found in the blood when dangerous

toxins are present; they are of an albuminous nature, and by a process of chemical reaction with the toxins, deprive the latter of their power by neutralising it completely. This process is largely assisted by the white corpuscles (phagocytes), and by the natural process of "waste and repair" the whole point at issue being the success or otherwise in producing sufficient antitoxin in the system to neutralise the poisons present.

The dosage of diphtheric antitoxin varies at the discretion of the physician, from 5,000 to 10,000 units, a larger dose usually being given when the disease is well advanced. The site for injection should be well washed, and painted with iodine; all surroundings, such as the operator's hands, syringe, &c., must be sterile. Where the skin will not stand iodine, the part should be well rubbed with methylated spirit, which renders it perfectly clean.

The puncture may then be treated with spirit, and sealed with collodion.

AMY PHIPPS.

A "SOLDIER'S HEART."

The condition known as "soldier's heart" presents a puzzling character to medical authorities, although its symptoms are well marked.

Sir James Mackenzie believes that the condition is not heart disease, as the term is commonly understood. In its treatment, fresh air, exercise, and recreation play an important part.

A special hospital of a very special kind for its treatment has been opened at Hampstead. This hospital is fitted with every modern scientific apparatus. The electro cardiograph, for example, is a piece of apparatus whereby photographs of the electric waves set up by a beating heart can be obtained. The patient may sit in one room and be connected by wires with the instrument situated in another. The record is scientifically exact.

A NEW ANTISEPTIC.

It is announced that a new antiseptic has been discovered, which is not only cheaper than carbolic acid, but much stronger.

The antiseptic referred to is eusol, of which the essential constituent is bleaching powder. Its discoverers were Professor Lorraine Smith and Dr. Dakin, and it is compounded in two forms. The new antiseptic, which has been discovered since the outbreak of war, is very largely used in hospitals, particularly in Scotland, and at Leeds. It is made in this country and it is cheap.

OUR PRIZE COMPETITION.

IN WHAT WAY AND IN WHAT RESPECTS CAN THE NUTRITION OF THE INFANT BE IMPROVED BY ANTE-NATAL SUPERVISION OF THE MOTHER?

We have pleasure in awarding the prize this week to Mrs. J. E. Taylor, Bramshot Avenue, Charlton, S.E.

PRIZE PAPER.

The ante-natal supervision of the mother should help in the production of healthy offspring. It is important to give the baby a good start in life, as regards fitness, and this is accomplished by thinking of its nutrition before it is born.

There are so many things done in ignorance, which influence the after life of the child. A great thing is to teach the mother hygiene, and how to keep herself fit and healthy during pregnancy; to teach the value of fresh air and suitable clothing.

It seems only commonsense to know that tight-lacing must injure the fœtus, and yet mothers will be found wearing tight corsets, presumably to make their condition less obvious. Care must be taken in the ordinary mode of life; for instance, a woman who is pregnant, and jumps off and on buses, cars, &c., may cause a small hæmorrhage to occur which may result in a clot forming in the placenta, preventing an adequate supply of nutrition to the fœtus. Sometimes as much as 20 per cent. of the area may be cut off. All extraordinary exercise will cause extra movement of the fœtus, which increases the possibility of malformations. The cord may get twisted round a limb and actually amputate it.

Often women of the wealthy class are apt to continue strenuous outdoor sport, regardless of the condition of pregnancy. This is most injurious to the baby. On the other hand, insufficient exercise will cause constipation, and toxins will circulate in the blood of the mother. The blood should be kept pure if proper nutrition is to go on.

Falls and injuries should be reported, because immediate attention may minimize the possibility of injury to the fœtus.

Eugenists maintain that the state of mind of the mother during pregnancy has the greatest effect on the baby. This is undoubtedly true. At the "Mothers' Welcomes" and other admirable societies maintained for the benefit of mothers, the endeavour is to teach them the importance of the care of their own health, and to idealize the state of "Motherhood."

It is not easy to teach a woman to be happy in the privilege of expectant motherhood when she has, perhaps, several children, and the knowledge that an extra mouth to feed will cause an increase in the strenuous effort of making "two ends meet"; but tact goes such a long way, and a suggestion that if the mother looks after herself, and does not give way to fretfulness or irritation, a healthy baby will probably result who will not be so much trouble to her, because it will only want ordinary attention, seems to be an argument that will appeal to all mothers, rich and poor. To educate the mothers by giving them sound, commonsense advice, should be the aim of everyone interested in the welfare of our infants.

Drugs.—The taking of patent medicines, with the exception of necessary aperients, during pregnancy should be discouraged, as these will probably have a bad effect on the baby.

Alcohol should be strictly forbidden unless ordered by the doctor. Mothers seem to think that a stimulant should be taken, but if they lead healthy, normal lives, and take plenty of nourishing food, this is decidedly not necessary.

It is to be deplored that women of the poorer classes have to work so hard when pregnant, and very little can be done to alleviate the evils resulting from this, but even then, if the mothers *know* how to look after themselves, less harm is done to the unborn infants.

Teeth.—It is an important thing that women should be taught the value of good teeth, and how to look after them. So many illnesses are caused by bad teeth. Indigestion occurs, and the nutrition of the fœtus is impaired. The mothers must be taught *how* this affects their general health, and when they are fit, they should be encouraged to have old stumps removed and new teeth put in if necessary.

It is the best thing to get the confidence of the mothers, and the work of supervision will become easier and the best results gained. This is not an easy task, because there are always "grannies" with their advice, and a prejudice against anything, unless the way is made plain and simple by tactful explanations.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Catherine Wright, Miss Edith Hooker, Miss M. Simpson, Miss J. Collins.

QUESTION FOR NEXT WEEK.

What is an empyema? What operations are undertaken for its relief, and what have you to say about the after-nursing?

NURSING AND THE WAR.

On April 11th the King decorated Mrs. Mitchell, of Queen Alexandra's Imperial Military Nursing Service with the Royal Red Cross (First-class), and it is with great pleasure that we publish her portrait on page 357. It will be remembered that Mrs. Mitchell was the Matron on the Hospital Ship *Anglia* which struck a mine in the Channel and quickly sank within sight of home. Nurse Rodwell went down with her cot cases and the Matron and Sisters on deck when urged to get into a boat, which had come alongside, would not hear of it, saying: "We have the right to be last this time."

The Army Orders, in relation to the event, issued subsequently, contained the following reference:—"The Army Council desire to place on record their appreciation of the presence of mind and devotion to duty shown by the Royal Army Medical Corps personnel on the occasion of the sinking of the hospital ship *Anglia*, which struck a mine on November 17th, 1915."

"Through the courage and presence of mind of the matron, Mrs. Mitchell, and the devotion of the Nursing Sisters, most of the cot cases were evacuated from the ship. In this work, Lieutenants P. L. T. Bennet and H. W. Hodgson, Royal Army Medical Corps, were conspicuous, and, aided by Privates Darwen and McGuire of the same corps, they succeeded in saving wounded from the lower wards when they were awash and almost submerged."

When the King returned home on the *Anglia* on her previous voyage, after his accident in France, he presented Mrs. Mitchell with a brooch and on hearing that she had lost everything when the ship went down his Majesty sent her another. It is this brooch which she is shown wearing in the photograph taken after the investiture.

The following appointments have been made through the National Union of Trained Nurses:—*Queen Mary's Hospital, Roehampton*, Miss K. Steen, (Ward Sister); *Red Cross Hospital, Uplands, Winchester*, Miss Dalyell (Sister); *Blundellsands Military Hospital*, Miss A. Jackson (Sister); *Addington Park War Hospital, Croydon*, Miss S. Collins and Miss Lingwood (Staff Nurses).

Miss Sears Brown, a trained nurse, left London on the 12th instant to work at the hospital at Limoges, maintained by the Wounded Allies Relief Committee for the benefit of French wounded soldiers.

A Nurse at the Front writes:—"Limited training alone will not make a nurse, this war has proved that repeatedly. Only constant contact with the sick and suffering can give the seeing eye and the inimitable method and touch for handling maimed and suffering creatures. Apart from the tragedy, I have often been amused to see the look of anxiety almost terror on a man's face when a good, but insufficiently trained, worker has been

told off to attend him, and the poor lady is often equally nervous. Together they make a bad mental environment for each other."

The *South African Nursing Record* reports that the members of the East African Nursing Contingent enjoyed their voyage up the coast. In addition to the ordinary amusements of ship life, they were every morning put through a course of Swedish exercises. At the end of the voyage the officers of the 8th Regiment presented the Matron, Miss McLeish, with a number of valuable feathers as a mark of their appreciation for all she had done to make the voyage pleasant and enjoyable.

Miss V. Stewart, after describing the journey from Zanzibar to Mombasa, *en route* for Nairobi, writes:—

"On arrival at Nairobi headquarters the various formalities of 'reporting ourselves' duly accomplished, the next movement was the one of 'awaiting further orders.' After a few days I was delighted to find myself allotted to Kisumu, an advanced base hospital on a gulf of the great Lake Victoria Nyanza, the source of the Nile, and the connecting link of the Uganda Railway between British East Africa and Uganda."

"Since the beginning of the war, sporadic fighting has taken place on the Lake and its shores. The Germans had an armed tug, which seized the native boats, carrying cargoes of food-stuffs between East Africa and the Uganda posts. We have now a fleet of boats on the Lake. The German boat has been sunk and the chief German posts bombarded and captured. I arrived at Kisumu in time to pack into the hospital train the convalescents from the Bukoba engagement."

Kisumu is a "passing on" station, which means that as soon as the sick and wounded are sufficiently convalescent they are "passed on" to Nairobi for invaliding boards, &c. The European hospital is delightfully situated above the Lake. An airy general ward, officers' ward, non-coms' ward, and small operation ward meet the usual requirements. In times of emergency these are supplemented by tents in the compound, and stretcher beds on the wide verandahs which run round the building. The Indian and native troops are cared for in the large native hospital, a building of which Kisumu is justly proud.

The same journal says:—"We have heard a rumour—but whether it is true or not we cannot say—that V.A.D. members are not to be employed in connection with the S.A.M.N.S. We suppose they have got to come and, provided their duties are clearly defined, they can do most excellent service during war time and ease the great strain on our numbers. But it will make the task of the profession much harder after the war, and our position and theirs will need most careful watching. Up to the present we have escaped this problem which is going to give so much trouble presently to our colleagues at home, but should it be found necessary to employ V.A.D. members in South

Among them after the war, and the profession will be very glad that there is such a thing as the T.N.A. to look after its interests."

It will be remembered that when probationers were appointed on the hospital ship *Kanowna*, the organized nurses' associations in Australia took vigorous action. We now learn that at the Council meeting of the Royal Victorian Trained Nurses' Association held on February 3rd, the Secretary read a letter from the Defence Department with regard to this question, stating that it was not intended to make any other such appointments and that the matter would be carefully considered on the return of the ship to Australia.

Mrs. M. J. Humphrey, a member of the Australian Nursing Service, writing in *Una* on a Trip on a Transport, states, "While in London we visited Harefield several times, King George's, St. Thomas' and Wandsworth hospitals, taking the Australian papers for the sick Australian patients. Colonel Reay has an office in London, and supplies a number of hospitals where our men are with Australian papers and you can imagine how welcome they are. We were the first Australian nurses whom some of our wounded had seen, and those whom we came in contact with all spoke highly of the kindness of the London visitors towards them, especially the convalescents who are able to go motoring or driving. They wear bright blue suits and red ties, and it is a common sight to see them in motors, buses, and carriages having a good time."

Whilst we were there London was visited by an air raid. One evening at 11.30 a terrific bang, bang, was heard; we knew at once what it was and immediately went down to the basement of the hotel, as we were all directed to do in the event of an air raid taking place. What surprised me was everyone was so remarkably cool; there was not the slightest panic. Two of our staff were

returning home, and were put into a cellar by a policeman until the danger was passed. Some were at the theatre, and they spoke highly of the presence of mind displayed, everyone was so calm. The Zeppelin could be distinctly seen from the doorway of the hotel, and a considerable amount of damage was done within five minutes' walk of us.

September 25th was the date given to be on board the *Kanowna* which is No. 2 Australian Hospital Ship, and we sailed from the Royal Albert Docks about noon. The ship looked well painted white and a broad green band round, and a large red cross on either side. We had on board

some English and Canadian nurses and Sister Allander (Melbourne). These were going to Alexandria, Lemnos, &c.

October 18th. — Alexandria was our next port, and here we said farewell to the members of the R.A.M.C. and English Sisters. We stayed there six days. Alexandria we were not charmed with, it is so dusty and smelly; but we thought Cairo much nicer. We had the opportunity of spending the whole day there. We went from Alexandria by rail. The journey was very interesting, as the railway runs through land irrigated by the Nile. Whilst there we went to see Sisters Agnes Jackson and Ralston; then to No. 2 A.G. Hospital, to see Sisters Lehman and Simons. They all

seemed very happy. We also met Colonels Ryan and Springthorpe. We visited the pretty little English cemetery, where Sister Bicknell is buried. Some of her friends have erected a tombstone to her memory, but her memory will always live in the hearts of those who knew her; she was such a splendid woman in every way. All round are to be seen small mounds with a wooden cross at the head with a number on it. These are the graves of soldiers who have died in and around Cairo. October 17th: We arrived at Suez, and very beautiful it looked, too; the purple-green of the mountains, and the peculiar green of the sea.



MRS. MITCHELL, R.R.C.

FRENCH FLAG NURSING CORPS.

Sister Lind desires to acknowledge with gratitude through the medium of this paper the repeated gifts of useful warm woollen articles from Mrs. Lawless, Bromley, Kent, and Mrs. Hynes, St. Mawes, Cornwall. She writes: "Mrs. Lawless has been supplying us with what we most needed ever since we began work in Bergues, and has just recently dispatched a parcel of air cushions to me. She has been most generous, and must have had an enormous amount of work with it all."

Miss Mabel E. Jeffery, who was to have left this country for service with the French Flag Nursing Corps on March 31st, as we previously notified, was detained until April 14th, but is now at work.

In the interest of the French Flag Nursing Corps Miss Grace Ellison gave an interesting account of its work to a very successful meeting of the French Literary Society at the Royal Institution, Colquitt Street, Liverpool, when she said that the tenacity of purpose of the French people was shown by the way they had held on at Verdun, and their organisation in the manner in which they had got together so many hospitals in so short a time. She explained that the headquarters of the F.F.N.C. were in Paris where the officials of the Corps were in touch with hospitals at Rouen, Bordeaux and along the eastern front.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Waverley Abbey Aux. Mil. Hosp., Farnham.—Miss C. L. Birch.

Whytegates, Stratford-on-Avon.—Miss M. J. Munro.

Milton Park, Peterborough.—Mrs. R. Brown.
V.A.D. Hosp., Burnham-on-Crouch.—Miss A. C. Connolly.

Heywood Mil. Hosp., Cobham.—Miss M. M. Doyle.

Aux. Mil. Hosp., Levenshulme.—Mrs. A. Conalty.
North Staffs Infirmary, Stoke-on-Trent.—Miss H. Sutherland and Mrs. A. B. Oughterson.

St. Mary's Aux. Hosp., Tunbridge Wells.—Miss A. Block.

No. 5 Mil. Hosp., Exeter.—Miss D. Unwin.
Blair Hosp., Bromley Cross, Bolton.—Miss A. Lalor.

V.A.D. Hosp., St. George's Hall, Willesden.—Miss H. Woodmansey.

Yarrow Mil. Hosp., Broadstairs.—Miss J. R. Ryan, Miss E. Dawson.

Red Cross Hosp., Leeswood Hall, Mold.—Mrs. M. M. Jennings.

Mil. Hosp., Blundellsands, nr. Liverpool.—Miss C. E. Wilson.

Mil. Hosp., Rye, Sussex.—Miss A. G. Grove.

Aux. Hosp., Garden Suburb, Golder's Green.—

Miss K. M. Greenway, Mrs. H. Whitworth Smith.

Bricket House, Red Cross Hosp., St. Albans.—Miss E. Connolly.

St. John's Hosp., Eaton Square, S.W.—Miss M. Fielding.

Northwood Red Cross Hosp., Cowes, I.O.W.—Miss M. Johnston.

Red Cross Hosp., Henley-in-Arden, Warwickshire.—Miss E. Wagstaffe.

American Hosp., for English Soldiers, Highgate.—Miss K. M. Crawford.

Red Cross Hosp., Brooklands, Weybridge.—Miss M. R. O'Connell, Miss H. C. Carpani.

V.A.D. Hosp., Whitechurch, Salop.—Mrs. A. L. Jackson.

Red Cross Hosp., Wormley Bury, Broxbourne.—Miss E. D. Millington, Miss Rosa Kirby.

V.A.D. Hosp., Spalding, Hendon.—Miss M. E. Shimmie.

Harewood House, Leeds.—Miss Agnes Miller.

Red Cross Hosp., Oaklands, Clevedon, Somerset.—Miss F. M. Morley.

Red Cross Hosp., Aberayron, Wales.—Miss H. M. Davies.

Red Cross Hosp., Darley Dale, Derbyshire.—Miss B. H. Clipstone.

Braeside Hosp., Loughton, Essex.—Miss M. E. Pryce.

Bampfylde Red Cross Hosp., East Chittingdon.—Miss E. F. Palmer.

V.A.D. Hosp., Pinner.—Miss M. O'Neil.

Swedish War Hosp., Paddington Street.—Miss A. M. Sunderland.

V.A.D. Hosp., Willesden Lane, N.W.—Miss V. Stewart.

Old Mansion House, Cardiff.—Mrs. F. G. Ball.

V.A.D. Hosp., Attleborough, Norfolk.—Miss J. Todd.

St. Anselm's V.A.D. Hosp., Walmer.—Miss N. E. Smith.

V.A.D. Hosp., St. Matthews' Hall, Willesden.—Miss E. Murray.

Cawston Red Cross Hosp., nr. Norwich.—Miss A. L. Walker.

Broome House Hosp., West Horsley.—Miss E. Day.

Kingsclere Hosp., Newbury.—Miss A. Trousdale.

Highland Moors Hosp., Llandrindod Wells.—Miss M. Bowman.

Sherfold Park Hosp., Frant.—Miss G. E. Male.

V.A.D. Hosp., Burnham-on-Crouch.—Miss E. P. Brenan.

Buchenham Hall, Munford, Norfolk.—Miss D. E. B. Briscoe.

ABROAD.

Boulogne.—Sisters Dorothy Penrose and Mary Hopkins.

Brigade Hosp.—Sister Lily Watson.

Anglo-Italian Hosp.—Sister Emily Power.

Anglo-Russian Hosp.—Sisters E. M. Strachan and S. K. Kelly.

CARE OF THE WOUNDED.

It is manifest that skilled medical aid is a matter of urgent necessity for those who return home with injuries to joints and limbs. Lieut.-Colonel Robert Jones, R.A.M.C. (T.), has now been appointed Inspector of Military Orthopaedics, and his duty will be to exercise general supervision on behalf of the War Office in respect of the treatment of orthopaedic cases in the various military hospitals and sections of hospitals set apart for them, and to arrange for the transfer of suitable cases to selected centres for orthopaedic treatment.

Our illustration shows one of the four motor ambulance launches for service with the Mesopotamia Expeditionary Force, presented by Buckinghamshire, dedicated by the Bishop of Buckingham at Romney Lock on March 18th, and accepted by Princess Alexander of Teck on behalf of the Joint Societies. The boats were purchased out of the funds raised by Mr. George Carrington, Hon. Secretary of the Branch. We are indebted for this picture to the Editor of *The Red Cross*.

The same journal states that on the morning of February 27th a number of the Joint Committee's ambulances were being shipped on the Channel steamer at Dover, when the P. & O. steamship



A MOTOR AMBULANCE LAUNCH FOR SERVICE IN MESOPOTAMIA.

The Hammersmith Military Hospital will be the first of such hospitals to be organised under the supervision of the Inspector of Military Orthopaedics.

We have received an appeal from the "Wounded Allies Relief Committee" Branch at 176, Cromwell Road, S.W., of the Kensington War Hospital Depot, for gifts of old linen for padding splints and also oddments of felt, satin, cloth, tapestry, curtain material, and so on, for use in the making of hospital slippers, which are turned out in large numbers daily from the Depot. Any oddments of the kind will be gratefully accepted by the Hon. Secretary, Mr. Lynn-Jenkins, to whom they should be sent at the above address.

Maloja was blown up or torpedoed. The loading was immediately stopped and the ambulances offered to the Naval authorities. The offer was accepted, and six cars were used in moving the survivors from the Admiralty Pier extension to the hospital. Owing to the intense cold, many of the rescued were in a critical condition, and had it not been for this timely help, the death roll would undoubtedly have been larger.

The Anglo-Russian Hospital at Petrograd has more than justified the hopes of its promoters, who state that it has been accepted by the Russian nation as a proof of the warm sympathy between the two peoples which is as vital for the future of

the world as the alliance between their armed forces. The Committee have now been asked to provide: (a) A fleet of motor ambulances; (b) a motor ambulance with X-ray outfit; (c) a mobile field hospital, *i.e.*, one which within two hours' time can move not only its patients, but all its equipment and personnel. The Queen has sent a donation of £100 towards the fund for supplying these urgent requirements.

In a letter to the *Times* Sir Frederick Milner who is always most sympathetic with sick soldiers, comments on the hardship to our wounded heroes in the long delay between the discharge of the soldier and the payment of his pension. He says:—"My experience is that the day a man is discharged his pay and allowance ceases, and then—for never less than three weeks, sometimes considerably more—he is left with absolutely nothing to live on. I can speak of thousands of cases, and I have never come across a single case where the man has received any payment within a week of his discharge. Even in the case of men who have lost limbs where one would think it would be easy to fix the pension without delay, the same delay takes place, and we (the Soldiers' and Sailors' Help Society) have had to support a large number of these men. It has been one of the most crying grievances that these wretched men should be left to starve, just at a time when they are most in need of good food to regain their health. It is ten months ago since I pointed out this cruel hardship, and urged the Government to redress it. I suggested at the time that the common-sense arrangement would be to continue the pay and allowance until the pension was fixed, but no notice was taken, and the scandal has continued ever since and has caused more bitter feeling than anything else. . . . It is very disquieting to think that the Ministers responsible should be so entirely ignorant of what is going on.

"Mr. Forster has now promised that 'arrangements are to be made to enable some payment to be made to these men between the time they are discharged and the time when their pensions become payable.' This is better than the present arrangement, but why only some payment? Why not continue to give the man his pay and allowance till his pension is fixed? It is not an extravagant amount, some 28. 9d. a day. Why not also pay the man on his discharge the £2 gratuity to which he is entitled? Then he might live in some decent comfort. I trust that those members of Parliament who so eloquently advocated the cause of these gallant men will see to it that there is no avoidable delay in remedying this cruel injustice. The letters I have received from these poor chaps when they find themselves stranded after all the sufferings and hardships they have so nobly borne would melt a heart of stone, and have made me hot with indignation."

MADAME B. OF 702.

She literally arrived on the doorstep, and that was how she came to Hôpital 702. In one of the many crises that happen in war-time we found ourselves without a housekeeper. All sorts of people had done the job, people with willing hands and no heads, people with heart and no hands, all sorts except the perfect combination. Small wonder that the wine ran out of the back door in a large stream, and packages of good, solid food took to themselves legs and walked, and that sheets and tablecloths became invisible. Miracles happen in war-time in our particular part of France.

We were a little ignorant of her age when she came, but then, as she said herself, she had a young heart, and that goes a long way in this workaday world—further than one's legs carry one sometimes. How willing is the spirit when the flesh is weak.

She was a "perfect lady." How dense we were not to have understood that at first! but in the multitudinous business of a hospital, social status sometimes gets lost sight of, and unless people have their titles pinned on, like the galons on the sleeve of an officer, the *salut* is apt to be omitted.

We spent many a bad quarter of an hour over her cap; it is a mark of distinction to wear a cap in these days, and it was necessary that this cap should be becoming and have the right amount of lace in front and show the hair at the back. There it was, pinned on! and the old face underneath somehow looked pathetically older. I can see her now turning round and looking over her shoulder at the reflection in the glass. "I think it should show a little more hair at the back. Mademoiselle; all my family have very good hair. My grandfather lived till he was 99. It is true he had grey hair, but he was quite active. I take after him. Yes, I have one or two grey hairs, but they don't show. . . . Thank you so much; that is very becoming, I must have my photograph taken in it. You will pin up the next clean one for me, won't you, and you will explain about those *petits régimes*? I can't make out the chits the Sisters send down, they are very puzzling—so badly written. I had a boarding-house myself when I was quite young. I was married with my hair down my back—very romantic—but my husband was a bad man. I'll tell you later, mademoiselle. Yes, they stole everything from me, even the bed I lay on. . . . but I am a very good housekeeper. I can let you into a thing or two about prices. . . . See you later. . . . Thanks so much. You'll do it again for me. Here is the doctor waiting to see you. I must run, such a lot to do," and her voice goes down the corridor.

Our meals, from being rather silent affairs—for we were often too tired to talk—now are enlivened by a running conversation.

"I assure you that this morning my feet were like blocks of ice, standing all amongst the cabbage

stalks, in fact I had not *travaillé* as little as they; then the water would have been over my shoes—*travaillé*. *Voilà* (disappearing the *jeune* for *little*) on a wet day. The cabbage woman was most sympathetic. Going out, Madeleine and I got a cup of hot chocolate. I assure you that I wanted to put my feet in it, they were so cold, and we left all the oranges behind; the potato-man said he would send them and he forgot—so tiresome of him. And last week we left the brains at the fish market. They never notice, these people, when you leave things behind. . . . You wouldn't believe, fowls have gone up again, 6 francs; *petits régimes* can't have them. And butter, *Made-moiselle*, is 6 francs the kilo. The butter-woman is very nice, she has a good heart, but she gave me bad eggs last week. She has three sons at the front. I forgot to ask about the cheese. Would you like *petits suisses* or *port salu* for *déjeuner*. . . . but I won't bother you now, I'll come to your room and talk if you are not busy. . . . Won't keep you a minute."

It seemed that at one time she had been a "public singer," and she spoke with pride of her triumphs. This glorious life continued until she caught a *laryngite* and had to give up singing. Then, I think, came sad days, about which she says little, but I imagine her loneliness, and from the way in which she speaks of her little dog I gather that she showered on him the affection that she would have so readily have given, to others.

I think it must have been after this that she became "Professor of English"; she even had gold and silver medals. That to us was most astonishing, as not only did she lisp, but her l's and r's were lacking, and she always pronounced her th's like f's. I dare say her pupils were in happy ignorance that she did not speak the Queen's English. She said, "There's one thing I am very strong on, and that is grammar; no one should learn grammar," and certainly she used none herself, either in French or English.

One day she described how she had fallen down in a *syn cup* (syncope), and Nurse Mary was under the impression that it was a kind of grating, and asked if it was a deep hole, so she explained, "No, my dear, not a hole, a *syn cup*, a swoon; but really I have lived so long in France that my sister tells me that I *think* in French. I always write to my sister in French—that is, postcards. My sister's not so good at French as I am, but then I have lived in Paris for 20 years. Yes, *Made-moiselle*, I have travelled a great deal; it enlarges the mind so much; don't you find it so? Can you take pills? Some people find it very difficult to take them, but I always say it is a question of brain, a question of brain. I myself find it quite easy, except the very small ones; you can't firm the gorge on very small ones, but it really is a matter of brain. You know I took the First Help certificate; I learnt to be a nurse in three weeks; I consider it a very interesting occupation, and very ladylike. I can bind. . . . You use your bands in a very curious way, but I

didn't go in for fancy binding . . . only arms and legs, that sort of thing.

"I want my daughter to marry a doctor. Being, like myself, a lady born and bred, it is not likely that I should want her to marry a coal-heaver. I tell her she was born with a silver spoon in her mouth. My husband's family brought her up. . . . She might marry anybody—anybody. Oh, *made-moiselle*, I must tell you now I think of it, I had such a curious dream last night. I dreamt about cattle. You know it is very lucky to dream about cattle, but they must be fat cattle—mine weren't. I felt, as the French say, quite *égareé*. One can't entirely disregard dreams. Who was it in the Bible? Oh yes, Jacob, and then there was Dick Whittington. I have a book of dreams I'll show you—most interesting. Do you believe in dreams?" And so she wandered on.

But after all what really mattered was that the food became materially better. We had mishaps sometimes. Perhaps the milk did not turn up; this was serious; or the butcher sent bad meat. Occasionally prices went up so alarmingly that we wondered how we were going to feed our family without breaking the bank. Fish at one time was almost impossible to get, and we fell back on a large salt creature that was quite good if well soaked for days, but absolutely terrible if served in its salted state. This actually happened one day. The *cuisinière* was in a furious temper at the economies made in the kitchen. The coffee was made with chicory, the salt was pitched into the soup, the omelettes were as flat as pancakes, and the fish was not soaked and was like solid brine. The poor old dear was nearly in tears. Nobody could eat it. "I told Marie to change the water," she said tearfully afterwards, "and I assure you I got into such a state about it I nearly had a congestion." She had many *fileuls* at the front to whom she wrote regularly; in fact, she told us she was accustomed to sit up till quite late writing tender letters to her godsons in the trenches. I am quite sure from the letters she received they imagined their *marraine* was a young and pretty woman. She would come into the room brimming with news of her boys and then say in a queer shy little way, "You know, *Made-moiselle*, a woman is never too old for romance. You must have had many—No? I am surprised! Ah, later on I will tell you a few of mine, and I always think that some day Mr. Right will come along. I should like to be happy in my old age; a woman feels so lonely without a companion. I am having a very interesting correspondence with a gentleman now. I don't say that anything will come of it, but one can always *hope*, can't one?"

One evening she took one of her "godsons" to the Cinema, there was an unexpected Zeppelin raid, and all the lights were turned out, and when they got into the street the poor old thing, who was always rather blind, fell over the curb, and before she got home she had another tumble, and was quite badly bruised. Next day in a loud aside

at lunch she said, "You wouldn't believe it but my legs are just like rainbows, and I've got blacks all over my arms. You know it is always lucky to do things in threes and this is my third fall."

She is happily switched off this subject by the clatter of a spoon on the floor. "*Pardon, Monsieur,*" says Marthe, and the gentleman who chafes for us says, "Now what ought one to say in reply to that—'Don't mention it' that sort of thing?" And she eagerly begins her French instruction, "*Ce n'est pas d'importance,*" which Monsieur the chauffeur repeats gravely, "*Par damn portance.*" That's a very nice phrase. I must remember it, but could you say it in front of a lady?" And she innocently replies that it is used in the best society.

For she is one of those who take life seriously.

I. S.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

Mr. Jenner Verrall presided at the meeting of the Central Committee for the State Registration of Nurses, held in the Council Chamber of the British Medical Association on April 13th, when the principal business considered was a letter from the Hon. Arthur Stanley, M.P., inviting the Council to appoint nine delegates to meet a sub-committee of the Council of the College of Nursing, consisting of an equal number, "with the object of coming to an agreement upon the terms of a Bill to be brought before Parliament as an agreed Bill at as early a date as possible."

It was resolved:—

"That the Conference of March 24th, having accepted the three fundamental principles propounded by the Council of the Central Committee for the State Registration of Nurses, it is expedient that the Council should appoint delegates to consider the Draft of an agreed Bill for the State Registration of the Trained Nurses of the United Kingdom, *Provided that* the Draft to be considered is the Bill now before Parliament, which has the advantage of priority, and the support of a large number of societies which favour the State Registration of Nurses."

An application from the National Union of Trained Nurses for representation on the Central Committee was acceded to, with the right to nominate five members on the Committee.

In our next issue we hope to state concisely our views on the effect of the Constitution of the Council of the College of Nursing upon the professional status of the trained nurse, if a governing body is set up entirely nominated and controlled by a company of laymen.

EXPERT PROFESSIONAL OPINION.

We are glad to see, says *The Medical Press and Circular*, that the Society for State Registration of Trained Nurses has taken the step of appointing a Protection Sub-Committee to safeguard the rights and privileges at present enjoyed by certificated nurses, as against the dangers threatened to the nursing profession by the proposed establishment of a College of Nursing. It is a misfortune that such a committee was not in existence two years ago. If it were, it might have been able to prevent some of the disasters that have come on the nursing profession since the beginning of the war. No one would have thought, however, two years ago, that in a time of national demand for trained nursing, the authorities would have permitted trained nurses to be jostled out of their legitimate employment by the intrusion of a crowd of amateurs, and that the salaries of trained nurses should be depressed by the competition of untrained persons. However, these things have come to pass, and they have been brought about mainly by the influence of a body whose head is the promoter of the College of Nursing. *Timeo Danaos et dona ferentes.* It will not add to the confidence of nurses in the proposed College that Mr. Arthur Stanley has stated that it is his wish that the Council of the College should supervise the education of "V.A.D.'s."

THE IRISH NURSES' HOSTEL CO.

The fourth annual meeting of the shareholders of the Irish Nurses' Co-op. Hostel Co., Ltd., was held at 34, St. Stephen's Green, Dublin, on April 13th. The report of work and statement of accounts were read, and the balance-sheet was submitted, audited by the company's auditors. The usual 5 per cent. dividend, free of income tax, was sanctioned, and as there remained a substantial balance, it was proposed, and carried unanimously, that a bonus be paid to all workers on the staff, in proportion to their time of service.

This Nurses' Co-operation has only been in existence for five years, and so far has done excellently well, and it is hoped that in the future it may do still better, so that the workers may be able to participate in the profits much oftener than every five years.

We congratulate the Irish Nurses' Hostel Co. on their good business management and very satisfactory balance-sheet.

APPOINTMENTS.

ASSISTANT MATRON.

City Hospital, Bradford.—Miss Mary Graham has been appointed Assistant Matron. She was trained at the Union Infirmary, Leeds; and has held the position of Sister at the Monsall Fever Hospital and of Night Sister at the Borough Hospital, Stockport. She is a certified midwife.

NIGHT SUPERINTENDENT.

Ham Green Sanatorium and Hospital, Bristol.—Miss Florence Midgley has been appointed Night Superintendent. She was trained at the Workhouse Infirmary, Hull, and has been Staff Nurse at Ruchill Hospital, Glasgow; and Superintendent Nurse at Bedford Poor Law Institution.

SISTER.

Hospital for Sick Children, Moor Edge, Newcastle-on-Tyne.—Miss Lilian Doxey has been appointed Sister. She was trained at the Children's Hospital, Sheffield, and afterwards held the position of Charge Nurse at the same hospital, and also of Sister at Wallesey Fever Hospital, Liscard, Cheshire, and has since been working for the Joint War Committee at the V.A.D. Hospital, Strood, Kent.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurses to be Sisters:—Miss E. H. Davies, Miss S. W. Wheeler.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS

Miss Martha K. Mearns is appointed to Leicester as Superintendent. Miss Mearns received General Training at Brownlow Hill Infirmary, Liverpool, Midwifery Training at Cheltenham, and District Training at Hull. She has since held various appointments under the Institute, including those of Second Assistant Superintendent of the Cumberland Nursing Association and Superintendent of the Stockport Home.

Miss Edith M. Morris is appointed to Burnley as Superintendent; Miss Hannah F. Hobbs to Tipton; Miss Alice Jackson to Leeds (Central); Miss Louisa M. Thomas to Gosport; Miss Henrietta R. Wheeler to Chelsea; Miss Sarah E. Williams to Stockport as Senior Nurse

THE ORDER OF THE WHITE EAGLE.

The Crown Prince of Serbia has conferred the Order of the White Eagle, 5th Class, on Dr. Elsie Inglis, Commissioner of the Scottish Women's Hospitals for Foreign Service, in recognition of the work which she did in Serbia. Dr. Inglis, on whom was bestowed the Order of St. Sava III, is the first woman to be decorated with the Order of the White Eagle, which is the highest Order in Serbia.

M. Boshkovitch, the Serbian Minister in London, has also notified to Miss S. E. S. Mair, President of the Scottish Women's Hospitals for Foreign Service, that the Crown Prince of Serbia, on his recent visit, was also pleased to bestow the under-

mentioned decorations of the chiefs of the Scottish units who stayed behind with the Serbian wounded soldiers in Serbia:—

THE ORDER OF SAINT SAVA THIRD.

Dr. A. Hutchison and
Dr. Hollway.

On the following members of the Committee:—

THE ORDER OF SAINT SAVA THIRD.

Miss S. E. S. Mair, President.

THE ORDER OF SAINT SAVA FOURTH.

Mrs. Hunter, Chairman of Committee.

THE ORDER OF SAINT SAVA FIFTH.

Mrs. Laurie, Hon. Treasurer
Mrs. Wallace Williamson, Chairman, Personnel and Uniforms Committee;
Mrs. B. Russell, Chairman, Equipment Committee;
Miss Kemp, Chairman, Transport Committee;
Mrs. Fred Salvesen, Chairman, Motor Car Committee; and
Mrs. Walker, Hon. Secretary, Equipment Committee.

WEDDING BELLS.

A wedding which will be of interest to many nurses took place on February 23rd at St. John's Church, East London, South Africa, when Dr. Tremble, editor of the *South African Nursing Record*, was married to Vava, daughter of Dr. Bruce Bays, a well-known medical man in that part of the world. The following week Dr. Tremble was presented at Johannesburg with a very handsome tray by the South African Trained Nurses' Association, the inscription on it testifying to his untiring efforts on behalf of the Nursing Profession of South Africa. Dr. Van Nickelk welcomed Dr. and Mrs. Tremble and referred to the hard work Dr. Tremble had done in connection with the T.N.A. We wish all happiness and good luck to the bride and bridegroom. Dr. Tremble has since left for active service.

THE PASSING BELL.

Many nurses will learn with regret of the death of Miss Blackley, who for twenty years was Superior of the Bristol Branch of the Guild of St. Barnabas for Nurses. For many years from the foundation she was a member of the Committee of the Bristol District Nurses' Society and the Bristol Nurses' Institution, both of which societies owe much to her clear judgment and unfailing energy and interest. Many nurses attended her funeral at All Saints Church, and the Bristol Branch of the Guild of St. Barnabas sent a wreath of choice flowers.

OUR ROLL OF HONOUR.

We regret to record the death on active service of Staff Nurse L. M. Stevens, of Queen Alexandra's Imperial Military Nursing Service Reserve.

NURSING ECHOES.

The Annual General Meeting of the Asylum Workers' Association is announced for May 17th, when presentations of medals for long and meritorious nursing service, always a very interesting feature of these meetings, will be made. In these restless days, the constant resignations among the junior members of this branch of the profession, and the consequent disorganisation of routine, give much additional work and anxiety to the responsible heads. It is therefore pleasant to note that long service medals are still in request among members of asylum staffs. We can conceive of no work which, if faithfully, conscientiously, and sympathetically performed, is more worthy of recognition, and we hope that the list of the recipients will be a long one.

The Public Health Department of the L.C.C. reported at its meeting on Tuesday that they have had under consideration the question of the employment, as a temporary expedient during the war, of married women in positions under their direction. Standing Order No. 343 provides that all women appointed after 11th December, 1906, except teachers and others specially exempted by the Council from the operation of the Standing Order, shall be required to resign their appointments on marriage, and in view of the terms of this Standing Order married women, other than widows, are not employed under their direction except in a few cases in which the Council has suspended the Standing Order in order to retain the services of assistant medical officers and school nurses after marriage until the expiration of their engagements, or the conclusion of the war, or the war service of their respective husbands, whichever be the earliest date in each case. While there appears to be no need at present for authority to employ married women for typewriting or clerical work, they think that it will be a convenience, especially in regard to the medical and nursing staff, if they be authorised, as a temporary expedient during the war, to employ at their discretion married women, each case being considered on its merits. They recommend:—(a) That the operation of Standing Order No. 343 be suspended, in order that the following recommendation (b) may be dealt with. (b) That, as a temporary expedient during the war, the Establishment Committee be authorised to employ at their discretion, after consideration of each case on its merits, married women in

positions under their direction. The matter is under discussion as we go to press.

The Leeds Education Committee decided at a recent meeting to fix the minimum salary of school nurses at £75, and the maximum at £100, with £5 per annum for uniform. The salaries will be open to revision biennially, with increments of £5, subject to satisfactory service. The department has a very efficient staff, all of them being Queen's Nurses.

Only nurses amongst the poor know how much recovery from illness may be retarded by lack of insufficient and nourishing food, and, in consequence, how valuable is an agency which systematically supplies the needed nourishment. The Bedford District Nursing Association, which is affiliated with the Queen Victoria Jubilee Institute for Nurses, is exceptionally fortunate in this respect, as, through Mrs. Alfred Paine, the Hon. Superintendent of the local Nursing Branch of the St. John Ambulance Association, their patients are well provided for. Last year this agency supplied 382 pints of Bovril jelly and soup; 281 dinners from joints, poultry, game and fish; 208 puddings and jellies; Benger's food; small bottles of Bovril; and 240 eggs. The Committee also tender their thanks to the Ladies' Committee of the Bedfordshire Hospital Guild, who always supply invalid diet to their patients who are under their nurses' care.

An interesting field of work is the Training School for young coloured nurses attached to the Lincoln Hospital, New York City. Excellent results are obtained by preparing these young women to be nurses, and to hold positions of trust in civic work and in philanthropical institutions. The Training School is larger than ever before. The latest report shows the excellence and sound basis on which the nurses are trained, e.g.:—"The drug department at Lincoln Hospital is a centre of great importance. It is in this laboratory that the nurses have the opportunity to become familiar with the materials from which medicaments are made, and to see the vegetable and mineral substances described in their textbooks, so that to them *materia medica* may mean something more than Latin names and poisonous doses.

An endowed bed has been presented to the hospital for the use of pupil and graduate nurses requiring hospital care.

One hundred and fifty-nine nurses have graduated from this hospital, and the Alumnae Association, which was formed in 1901, has

now thirty members. The report of the Superintendent testifies that "the nursing department is efficient in the care of the patients, in theoretical and practical instruction to the nurses, and in economy of administration."

The South African Trained Nurses' Association has achieved a result that it has long aimed at. It was recently announced that the Transvaal Medical Council have decided to appoint a trained nurse to act as one of its examiners at its viva voce examinations. It is hoped that the first nurse examiner may be among the appointments made for the October examinations.

The aim of the Association will be to work

Save the Kiddies;
Better Babies, Better Homes, Better Cities;
Good Fare, Good Care, and Good Air for Babies.

The last really embraces the whole question, and would supply food for meditation if displayed on large posters in London.

We shall not do amiss in following the lead in this matter of our friends over the water, and as a bulletin of plans and ideas has been issued by the Children's Bureau, Washington, we should be able to study their suggestions as a basis of procedure. A sustained campaign of this description, if efficiently directed, would, we feel sure, have excellent results, and would do much to inform ignorant mothers whom so



MASSAGE DEPARTMENT, SUMMERDOWN CONVALESCENT CAMP, EASTBOURNE.

with the Council, and by unanimity and perseverance to make its wishes known and respected; then it claims that if it cannot command success, it will at least deserve it.

A National Baby Week is one of the latest activities of the General Federation of Women's Clubs in the United States of America, in co-operation with the United Children's Bureau, the object being to establish a nation-wide baby welfare campaign. The idea "caught on," and professional advertising men, social workers, and public-spirited citizens of all classes have vied with each other in inventing battle cries, such as—

far mothers' and babies' clinics have failed to reach. Trained nurses could do national service in supporting such a campaign.

Women as masseuses have done very good work in our war hospitals. It is reported that, thanks to their efforts, thousands of soldiers have recovered the use of injured arms or legs weeks or even months earlier than otherwise would have been possible. Our illustration shows the Massage Department at the Summerdown Convalescent Camp, Eastbourne, from which it will be seen that arrangements are made to give many wounded soldiers the benefit of this treatment.

THE INVALID KITCHENS OF LONDON.

One can hardly conceive of a more beneficent work than that which is carried on by the Invalid Kitchens of London. To quote from their annual report, their work is to give assistance to women recovering from childbirth, convalescents from hospitals and dispensaries, phthisical cases pending admission, and other acute cases nursed in their own homes. On the face of it in a large and crowded area of a poor London district, this undertaking stands for hard work both on its financial and practical side.

The kitchen in Scovell Road, S.E., is the one that has been longest established, and it was there by the kindness of the organising secretary that we were allowed to see the "wheels go round." We arrived at twelve o'clock noon at the same moment as the first-comers for dinners. Already in the roomy cheerful kitchen were seated two children discussing boiled rabbit, potatoes, cabbage and carrots, and it was by observing them that the value of the work was borne in upon one. They were children, of course, of the sickly type, with little appetite, and the lady in charge, who was evidently quite at home with her guests, told us that some of the children for a time or two have to be persuaded to eat the good fare, but little by little their appetites improve. She attributes this partly to parents' habits of allowing their children to share in whatever they themselves have to eat, and a small thing of two or three years old preferred cheese to the good wholesome dinner provided.

"Billy," a frail boy of about six, was, on entering, anxiously questioned as to whether he could eat rabbit. Such kindly questioners! evidently anxious that the poor little chap should have something that he could fancy. Later came in a poor woman to join the dinner table. It was considered advisable that she should eat her food in the safety of the kitchen, it being by no means certain that her husband would allow her the full benefit of it at home.

But the majority of the recipients consumed off the premises, and presented their basin tickets and pennies through a small window. The former were liberally filled, and passed out again with a kindly enquiry for the invalid at home.

The diets vary according to the nature of the illness, and include jelly, custard pudding, beef-tea, boiled fish, chicken, mutton, rabbit and vegetables. Appetising diets of boiled chicken were being served out to special cases on the day of our visit. Cases are recommended by hospital almoners, district nurses, doctors, clergy, health visitors, &c.

Maternity cases recommended, are supplied with dinners for a month after delivery. As yet this branch has not taken up pre-natal work, though we are informed that this is done at the Finsbury centre. We much hope the work will be extended in this direction at Southwark.

Soldiers' and sailors' families are also dealt with, in these cases the S.S.A. supplying the cost of the

food. Last but not least, "pussy," who finds him or herself debilitated from short commons, meets with such generous treatment with pieces that he makes this excellent charity known to his friends, with the result that from time to time they have to be thinned out in the least painful manner possible.

Such a charity as this should receive generous support from the public. The charge to the person receiving is but one penny, and with food of all kinds at the present prices one can readily imagine that a large sum has to be gathered for this object. The committee is most representative, and includes a large proportion of practical social workers. H. H.

NEW EMPLOYMENTS FOR WOMEN.

The programme of the special meeting of the National Council of Women of Great Britain and Ireland, held at the Y.M.C.A. Hall, Tottenham Court Road, under the presidency of Mrs. Creighton revealed the fact that there are a number of occupations now open to women, which, until a short time ago were considered the exclusive privilege of the other sex. They are working on the land, in railway employment, with the result that that in many instances railway carriages are cleaner than ever before, as omnibuses and tram conductors and as taxi-cab drivers, and in all these positions are doing their work well. As clerks and secretaries they are not only doing their own work but replacing men, and the same may be said of the women teachers. In munition work they have come to stay, and they are learning to do skilled mechanical work. Lastly, their services are in demand in military hospitals, as cooks, clerks, &c., in departments of which the other sex have hitherto had an uncontested monopoly.

MUNITION WORKERS MUST BE CARED FOR.

Munition Workers are beginning to feel the strain of overwork, and according to the Memoranda issued by the Health of Munition Workers' Committee: "It is certain that unless our industrial life is to be guided in the future by the application of physiological science to the details of its management it cannot hope to maintain its position hereafter among some of its foreign rivals."

Among specific diseases from which the workers suffer are those produced by the vapour of trinitro-toluol (high explosive), which produces drowsiness, headache, eczema, and finally jaundice and death.

Tetryl, another explosive, is less harmful. Tetra-chlor-ethane (varnish for aeroplanes) was found to be a powerful anaesthetic which might be fatal. This has been superseded by a less harmful substitute.

Workers are warned to be healthy and temperate. Milk and cocoa must be taken before beginning work.

AN ANTHOLOGY FOR WAR TIME.

At a time such as the present, when the tension, when events full of horror succeed each other without intermission, when we can see no silver lining to the great black war-cloud, there is a danger of many things, of which, unless we struggle bravely to overcome the tendencies, may considerably lower our spiritual vitality. Depression, pessimism, cynicism, loss of faith, and perhaps hatred, are some of the ghosts that unnerve us and rob us of our courage just when we need every ounce of it. We try to get away from ourselves, we seek distraction, some in a little mild amusement, others in the companionship of friends. The desired effect, however, is not always attained. The War follows us everywhere, newspaper placards in the largest type force themselves obtrusively upon our notice at every turn. Our friends will talk to us about the War; and, although we have sought their company, in order for a brief space of time to think and speak of other things, we quite eagerly go back to it! What inconsistent attitudes we adopt! "I trust in God," said good books," remarked the Scottish divine, George Campbell. Good books! What are they but the silent voices of our best friends and helpers many of whom have passed beyond the veil, leaving us a priceless legacy. Here, then, is the remedy for our distemper. Let the writers of "good books" speak for themselves to us, some comforting and strengthening words:—

"We cannot look, however imperfectly, upon a great man without gaining something by him. He is the living life-fountain which is good and pleasant to be near; the light which enlightens which has enlightened the darkness of the world . . . a flowing light fountain, as I say, of native original insight, of manhood and heroic nobleness, in whose radiance all souls feel that it is well with them."

"My sole fear was the fear of doing an unrighteous or unholly thing."—*Socrates*.

"He seemed to be invariably in good spirits, and invariably disengaged. He was always ready for any and every office of friendship. It should be said that though few men were more criticised or misconceived, he himself never wrote an unkind word about anyone, never retaliated, never bore malice, and could do full justice to the abilities and character of his opponents."—

"Of *Heavenly Dramatics*," by W. K. Newell.

"The spectrum of Love has nine ingredients:—

"Patience—'Love suffereth long.'

"Kindness—'And is kind.'

"Generosity—'Love envieth not.'

"Humility—'Love vaunteth not itself, is not puffed up.'

"Courtesy—'Doth not behave itself unseemly.'

"Unselfishness—'Seeketh not her own.'

"Good Temper—'Is not easily provoked.'

"Guilelessness—'Thinketh no evil.'

"Sincerity—'Rejoiceth not in iniquity but rejoiceth in the truth.'" Henry Drummond.

N.B.—Compare this with the "Hymn of Hate"!

"It was often in George Eliot's mind and on her lips that the only worthy end of all learning, of all science, of all life, in fact, is that human beings should love one another better. Culture merely for culture's sake can never be anything but a sapless root, capable of producing at best a shrivelled branch."—"Life of George Eliot,"

"Nothing can bring you peace but the triumph of principles."—*Emerson*.

"I am only one, but I am one,

I cannot do everything, but I can do something.

That which I can do I ought to do,

That which I ought to do I will do."

Motto of the Society of World Friendship.

"The sacred price which our country is paying for victory, challenges us to ask ourselves: How may we be worthy of it? How may we prepare to use it aright?"

"A Message to the Times," issued jointly by the National Laymen's Missionary Movement in England, the Laymen's Missionary Movement in Scotland, and the Irish Laymen's Missionary Movement.

"The whole drama of the war gathers up and states in terrible terms the un-Christianity even of Christendom, and the distance man has fallen from love and obedience to God. It measures for us the task which Christ accepted when He came to redeem mankind, and called men to the establishment of a divine Kingdom by love and goodness and unselfish sacrifice.

Ditto.

"The terms and conditions of the settlement of Europe after the war are of the deepest concern to all who believe in the Kingdom of God.

Ditto.

"No prospect is more deeply moving than the consideration of the opportunity which will come to us when the war is over of making a fresh start in our own social and national life."

Ditto.

"The National Laymen's Movement is seeking to do constructive work so that after this war new and Christian standards for society, commerce and politics may emerge."

Ditto.

"Women, in joining hands during the war, will safeguard, in spite of all, international fraternity. . . . Women desire peace for the enfranchisement of humanity. . . . Women must be prepared to act when the war is over. . . . There lies before us a work of reparation and reconstruction which exceeds anything ever offered to humanity."

From the Manifesto of the French Women to the International Women's Congress at The Hague.

"We feel it to be the first duty of us women, if we still have the right to judge according to our consciences, to bring some humanising influence to bear, to preach 'humanity' in the highest sense of that word. . . . It is our strong desire to prepare only for a lasting peace which forces us to oppose the demand for a truce."—From covering letter of the same.

BEATRICE KENT.

BOOK OF THE WEEK.

"THESE LYNNEKERS."

Young Dickie was the odd one of the family—odd in the sense that he was cut out of a quite different pattern. He took from the first a line of his own and kept to it, in spite of the supercilious attitude of his immediate relatives.

There was nothing particularly remarkable about Dickie either, but he recognised the limitations that tradition and inheritance had imposed on his environment, and was determined at all costs to free himself.

His two elder brothers had followed their father's lead and were destined for the ministry, not specially because there existed any special desire for this calling, but rather that it seemed fitting and suitable that a Lynneker should enter a University career and follow a profession that might offer inducements in the way of preferment and Cathedral appointments. Dickie at the age of fifteen "went stale," as his form master put it, and his failure suggested his removal to the "Modern Side" of the school.

"Does that mean some kind of disgrace?" Mrs. Lynneker asked, anxiously.

"Impossible for him to think of a scholarship," her husband replied, avoiding explanations, and conveying his sense of some impossible gulf between their ways of thought in this regard. He had been a Fellow of Emmanuel, and his two elder sons had both won classical scholarships at Cambridge. This was the honoured tradition that Dickie was about to break in an untraditional way.

Dickie did not go on the "Modern Side," but he abandoned his dream of a mathematical career, and entered the local bank as a clerk—his father's financial position having become somewhat strained at this point.

He was not by nature or inclination cut out for this employment, but he triumphed over the Lynneker tradition in that he faced a difficult situation with decision foreign to his family.

"I'm going into the bank," Dick announced, briefly.

Latimer whistled. "Pretty rotten for you," was his comment.

"I don't see it," replied Dickie. "Sooner do that than mug Livy any day."

His father took his own family as the standard of English culture, and deplored—not the Lynneker loss of vitality, but the growing vulgarity of the new generation. The mark of his attitude was to be found in his treatment of the bank manager, who was, in the Rector's phrase, "a very worthy fellow."

Dickie fulfilled his five years' contract with distinction, and then seriously considered his cousin Martyn's generous offer of a legal career, which was to be a stepping stone to a Parliamentary one. Martyn had taken a fancy to the young fellow at a family gathering on the occasion of

the inapproachable Edward's marriage. Dick felt the Lynneker influence in Martyn, and it made him hesitate before the generous offer.

"Is it *always* necessary, Martyn, to pretend something you don't feel in politics and society?"

Martyn roused himself a little to deal with that.

"You don't believe in tact or diplomacy in any walk of life, eh, Dick?" he commented, with genial condescension.

Dickie replied that he was fed up with a certain sort of tact.

"It's so jolly like letting things slide."

The gradual decay of the old Rector, due to an internal complaint, brought out the best of Dick's character, and he proved a devoted nurse to the father who had secretly always admired and loved him more than his exemplary elder sons.

On the evening of the old man's death, the family assembled as usual for prayers.

"For the first two lines of the hymn they all sang together, to show a fine self-control before the servants; and then the harmony grew weaker as singer after singer fell out. Dick, erect and thoughtful, was wondering whether it would have made any difference in his father's life if all this sympathy and emotion had been lavished upon him while he was able to appreciate it.

"In any case, he would not join in the hymn. He had never been able to sing in tune."

This chronicle of a family, with its failing and peculiarities, is extraordinarily convincing and discriminating. It is a study worth reading.

H. H.

"EASTER."

Among the gay, exultant trees,

Over the green and growing grass,

Clothed in immortal mysteries,

I see His living body pass.

The catkins fling abroad His name,

While birds from every bush and spray

Strain feathered necks, and tipped with flame

The hills all stand to greet His day.

Each violet and bluebell curled

Wakes with the dead Christ's waking eye,

And like burst gravestones clouds are hurled

Across the wide and waiting sky.

And drenched, for very height of mirth,

With clean white tears of April rain,

Like Mary Magdalene the earth

Finds April's risen Lord again.

"Laughs and Whiffs of Song."

THEODORE MAYNARD.

A WORD FOR THE WEEK.

"All the world cries, 'Where is the man who will save us? We want a man!' Don't look so far for this man. You have him at hand. This man—it is *You*, it is *I*, it is each one of us. How to constitute oneself a man? Nothing easier, if one wills it."—*Alexandre Dumas*.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be understood that the Editor and the Journal hold ourselves responsible for the opinions expressed by our correspondents.

DEVELOPMENT TO MEET NEW CALLS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is with great interest that I read the letter from "A Hospital Sister," in your current number. I suppose the letter refers to the proposed Imperial Nurses' Club, of which we have heard and which I most sincerely hope will soon materialize into an established fact.

It seems to me that this club will fill a want which existed even before the War, and which is greater than ever now (as I think anyone who has tried "War Nursing" will agree), for naturally the authorities have had very little space to spare for nurses' sitting-rooms in military hospitals, where every available room is needed for patients' accommodation.

I think the suggestion of our all helping is excellent, and have much pleasure in sending "a few stamps" to Miss Mayers, and hope others will do the same.

Yours, &c.,
A TRAINED NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM,—I expect many of us have read and are very grateful to you for publishing a letter headed "Development to Meet New Calls." But there is one sentence in your editorial note which puzzles me. Is it true that by contributing to and belonging to such a club as "Hospital Sister" describes, one would be doing so for one's own benefit. From this point of view, I suppose one might say lectures in hospitals which one pays for and attends are for one's own benefit, and yet the real object reaches far beyond that—for I hope, by their help, to become a capable nurse. If I joined a club where I could enlarge my mind and outlook and develop my personality, I should be doing so in order that I might become a capable woman—a still higher thing—and certainly not for my own benefit.

Yours, &c.,
PROBATIONER.

[We sympathize with our correspondent and quite agree that by cultivating a broad outlook we benefit not only ourselves but the community. Our point was that at the present, when nurses are bending all their energies to securing the care and comfort of the sick and wounded, they are not likely to have much time or money to spare on furthering their own concerns, and to raise £2,000 for a club requires considerable energy and organization.—Ed.]

THE CHEERS OF THE BRITISH BLUEJACKETS.

DEAR MADAM,—It was stated in the JOURNAL last week by one of the New Zealand nurses on board the ill-fated *Marquette* that the cheers of the British Bluejackets for the New Zealand Nurses, called for by the Commander of H.M.S. *Talbot*, made her "thrill." But those of us who have not been able to leave this country have been thrilled also, and for generations to come, I venture to say wherever the story is told of the New Zealand nurses (who with one accord exclaimed "fighting men first" when the existence of the doomed vessel was numbered by minutes, and the Commander of the French boat approached to rescue them), those who listen to it will be thrilled and, let us hope, lifted to a higher plane. When the War is over there will be another volume to add to "A History of Nursing," and I sincerely hope Miss Dock will write it.

Yours faithfully,
SALLY AL HODGE.

OUR PRIZE COMPETITIONS.

April 29th.—What is an empyema? What operations are undertaken for its relief, and what have you to say about the after nursing?

May 6th.—Mention some of the different agents employed in applying counter-irritation, and describe the methods of their application.

NOTICE.

The reports of the Conferences between the Hon. Arthur Stanley and his advisers, and the representatives of the Central Committee for the State Registration of Nurses, on March 2nd and March 24th, reprinted from THE BRITISH JOURNAL OF NURSING can be obtained from the Manager, B.J.N., 431, Oxford Street, London, W. Price 1d. each, postage extra.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Friday, April 28th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

DEATHS IN INFANCY.

It hardly needs the foresight of a prophet to say that before long there will be such a development of public interest in this question as will give to the saving of human life in infancy the place that it ought to have in making the greater future of our country." These weighty words from the pen of Mr. Benjamin Broadbent occur in the interesting correspondence in the *Times* of last week on the above subject. The high mortality rate and the low birth rate in England is the subject of much anxious consideration and debate among experts, and many valuable schemes and suggestions have been set on foot to combat the evil in both directions.

Mr. Broadbent, in his most interesting letter, compares the method of Germany with our own as shown in the proceedings of the International Congress on Infant Mortality held in Berlin, 1911. He says if applied science could have annihilated the infant mortality rate it would seem as if there ought to have been a zero mortality rate in Berlin. Visitors from England and America were well nigh green with envy. But there seemed a gross inconsistency between the elaborate apparatus and the realised results, which were not at all comparable with those in London, where the efforts made were imperfect and incomplete.

"The German methods were wrong somewhere, and the English methods were somehow right." He attributes the results mainly to the fundamental doctrine held in our country that the only proper place for mother and babe is the home.

As regards infant mortality two main causes are quoted (1) The ignorance of mothers, (2) venereal disease. Mr. Ackland makes an appeal to women who have already done so large a share of the good work to deal more energetically with the first of these causes, which he rightly says is "real war work." Mrs. Fawcett, however, goes a step further and says that the removal of the second cause would be "real war work" also, and will never be effectively tackled till men and women face it together. She goes on to say "that it is no accidental coincidence which connects the prosecution of political enfranchisement by women with the fall in the infant death-rate, and supplies the following figures published by the Countess of Selborne, illustrating the vigorous citizenship of women and the fall in the infant death-rate. She takes the year 1909 for the comparison and divides countries, all of which are on a high plane of civilization, into three groups. In the first women have both the municipal and the Parliamentary vote; in the second they have the municipal vote, backed by a vigorous sense of citizenship; in the third they have no vote and are out of politics altogether. The figures

following the name of the country give the number of babies out of every 1,000 born who die before they are 12 months old.

| | |
|---------|---------------------|
| Group 1 | New Zealand, 62 |
| | Australia 71 |
| | Norway 72 |
| Group 2 | United Kingdom, 109 |
| | Sweden, 72 |
| | Holland 69 |
| Group 3 | Germany, 170 |
| | Austria, 205 |

These figures tell their own story. Where women have most power the babies have the best chance of living. Where women do not count in politics, the babies have the worst chance.

Miss L. E. Rogers, Inspector of Midwives, in criticising Mr. Ackland's letter, considers that he went astray in omitting one flagrant cause of infant mortality, which is the survival of the "bona fide midwife." *Bona fide*, a Gamp; and on the other hand there are hundreds of certified women who do not practise. "Whence," she asks, "this anomaly? For the reason that there is no opening for them. Strenuous opposition and starvation pay is the encouragement meted out to the certified midwife. Yet it is not in the multiplicity of inconsequent health visitors that the nation will find salvation. The remedy must be sought elsewhere. It is the true vocation of the midwife to attend and instruct the mother, not only in the pre-natal period, but also in the earlier phases of infant life. Her whole professional study is subordinated to this end. Also to no one else will the mother turn with the same instinctive trust and reliance as she will to the person who is to conduct her through the most trying experience of her life. It is true that long ago the old *bona fide* midwife would have found oblivion had the State realised the need for competent attention before, after, and at the time of childbirth. It is a disgrace that this neglect should have continued so long. At this time it becomes a peril to our country as well. Give the certified woman the recognition that is her due. Give her just conditions, just pay, and inducement to practise, and I venture to say there will be a very noticeable decrease in our present rate of infant mortality."

Miss Margaret Llewelyn Davies considers that the only way of inducing the many thousands of well qualified women whose names are on the Midwives Roll, but who do not practise to do so, is to institute a municipal service. She advocates salaries beginning at not less than £120. As a municipal officer the work of a midwife could be co-ordinated with all other public health work, including that of health visitors in a way that is impossible so long as the midwife is an independent practitioner. When fully trained

the ante-natal work would naturally fail to her. Where the midwife is aware of pregnancy abnormalities or complications she is even now made responsible for telling the family that medical help must be obtained. And Dr. News-holme in the L.G.B. Report on Maternal Mortality says: "It is hoped that in future careful inquiry will be made by the midwife as to their (*i.e.*, abnormalities and complications) existence before the actual confinement." At the present time there are strong arguments for placing the ante-natal work in the hands of health visitors, and until the supply of registered midwives is adequate it might be the best plan to leave it there unless and until it can be shown that a woman is booked with a midwife holding the C.M.B. certificate.

Miss Llewelyn Davies considers that a better scheme of training should be inaugurated of at least one year, and include instruction in nursing and infant feeding. When municipal maternity hospitals, a crying need, are established, they will form additional training grounds.

CENTRAL MIDWIVES BOARD.

MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at the Board's offices, Caxton House, S.W., on April 13th, Sir Francis Champneys presiding.

A letter was received from Dr. George Reid, County Medical Officer of Health of Staffordshire, explaining his attitude with regard to the habit of the Leek Urban District Council and its Health Visitor in dealing with cases of ophthalmia neonatorum occurring in the practice of a certified midwife. It will be remembered that in a recent case heard by the Board it transpired that a Health Visitor, visiting a case where a midwife was in attendance, on the day after the confinement, had treated the baby's eyes; the Board therefore resolved that such arrangements "in cases in which a certified midwife is responsible are likely to confuse the midwives, and to interfere with the efficient carrying out of the rules of the Board for the protection of the eyes of infants." It was agreed that Dr. Reid be thanked for his letter.

A letter was received from the Local Government Board with regard to the opinion expressed by the Central Midwives Board as to the propriety of visits paid by a Health Visitor to the house of a lying-in woman during the period of a midwife's attendance on the case. It was agreed that the Local Government Board be furnished with a copy of the correspondence.

Further correspondence was considered with Dr. E. J. Maclean, of Cardiff, with regard to the acceptance of the curriculum and system of training which he proposes to adopt in connection with the Glamorgan County Free Midwifery Students as a compliance with the requirements of the new Rules C. 1 and 2.

It was agreed that Dr. Maclean be informed

that it appears to the Board that the course of instruction given by him (which the Board fully believes to be excellent) is given to women with a view to an examination to be held for the purpose of ascertaining whether they are or are not fit to be granted scholarships in midwifery. Such a course of instruction would be antecedent to any definite pupillage in midwifery, and could not therefore be considered as forming part of any midwifery curriculum.

A letter was received from Dr. W. E. Fothergill, one of the Board's examiners at the Liverpool and Manchester Centre, suggesting amendments to Rule C. 1 (2) with a view to meeting the case of candidates who have had a three years' training in a Public Special Hospital for Women or a Public Special Hospital for Children.

It was agreed that Dr. Fothergill be informed that the Board has already completed the revision of the Rules and has forwarded them to the Privy Council for approval. The matter is consequently out of the hands of the Board.

A letter was considered from the County Medical Officer of Health of Devon calling the attention of the Board to an apparent case of "covering" an uncertified woman by a registered medical practitioner in the County.

It was agreed that the papers in the case be forwarded to the General Medical Council with a request that they will take such action in the matter as may seem fit to them and that if so desired the Board will undertake to appear as prosecutors in the case.

A letter was considered from the Secretary of the Association for Promoting the Training and Supply of Midwives suggesting that the Board should apply to the Privy Council for power to require the surrender of the certificate of a deceased midwife.

It was agreed that the Association for Promoting the Training and Supply of Midwives be informed that the new Rules are already in the hands of the Privy Council, and that the suggestion made by the Association does not commend itself to the Board, inasmuch as it would be at variance with the custom relating to other certificates and diplomas, none of which so far as the Board is aware have to be surrendered on death. The Board feels sure that any request for special powers in the case of midwives would be refused. It is not the possession of a certificate but the presence of her name on the Roll which enables a woman to practise as a midwife.

The form of the Examination Schedules was approved as amended.

A Form of Pulse and Temperature Record was approved, and the Glossary approved as revised.

The applications of sixteen midwives for the removal of their names from the Roll on account of ill-health, old age, or inability to comply with the rules were granted.

APPLICATIONS FOR RE-APPROVAL.

The applications of Midwife C. N. M. Kelsey (No. 6116) and Midwife Eleanor Perham (No. 1116)

for re-approval to undertake the practical training of midwives were granted.

APPLICATIONS FOR APPROVAL.

The application of Mr. William St. John Cogan, L.R.C.P. and S., Edin., for the same purpose was granted, and those of Dr. L. M. R. Campbell and Dr. Allan Shiach, *pro hac vice*.

The application of Midwife Annie M. Barlow (No. 26623) was granted and those of Midwife H. A. Macarthur (No. 41206) and Midwife L. E. Willes (No. 33508) *pro hac vice*.

The next ordinary meeting of the Board will be held on May 18th.

PENAL MEETING.

A special meeting of the Central Midwives Board for the hearing of charges alleged against certified midwives was held at Caxton Hall, Westminster, on April 14th. Sir Francis Champneys presided.

The results were as follows:—

Struck off the Roll and certificate cancelled.—Ellen Healy (No. 12094), Sarah Buckingham (No. 7367), Caroline Collier (No. 20513), Mary Pearson (No. 15817), Mary Robinson (No. 11090), Emma Stretton (No. 14908), Elizabeth Thorpe (No. 32008), Mary Ann Watson (No. 7434).

Censured.—Kate Elizabeth Irish (No. 20451).

Cautioned.—Alice Lavinia Beard (No. 18684).

Two of the cases, Midwife Watson and Midwife Irish, were defended, the latter by counsel.

Midwife Beard appeared in person to answer the charges brought against her. The Board found that several of the charges were not proved, and that though in one case it was proved that there was serious rupture of the perinæum, the midwife had examined the patient carefully in the manner prescribed, but she had failed to realise that the tear was more than a slight one. With regard to her negligence in omitting to take temperatures, the Chairman impressed upon her that she was not to regard the wishes of the patient in this matter but to abide by the rules of the Board.

One of the charges against Midwife Irish was that "a doctor having been sent for you did not await his arrival."

The solicitor for the midwife explained that the medical man in question had some time previously had occasion to report the midwife on some matter not connected with the Board. The midwife's defence being that owing to this circumstance she thought the doctor would decline to work with her, so that although she was in the house she did not come into the room, but left another woman to assist him.

The Chairman said that the patient must always be the first consideration, and no personal feelings could excuse a dereliction from duty.

With regard to the charge that the midwife had failed to bring the necessary appliances, the solicitor explained that this woman of sixty-one had to go a distance of four miles by cycle

on a wild snowy night, and that her apron and other articles had become detached and lost during the journey.

Midwife Pearson defended her negligence with regard to the taking of temperatures by asserting that "her experience gained over long years was sufficient." She made some amusing comments on the inspector, and ended her letter by saying that if her name was removed from the roll she would retire knowing she had done her duty and had earned the grateful appreciation of hundreds of clients.

Midwife Robinson urged the same defence with regard to temperatures, and also stated that it was a common practice to send feeble newly born infants to the doctors' surgeries. The infant in question died an hour after its return.

The charges against Midwife Thorpe included negligence in that "the child suffering from inflammation of the eyes you did not explain," &c.

In this case, two different Health Visitors visited the lying-in woman and inspected the child's eyes.

The midwife in her written defence said, "One tells you to do one thing and one another. Uncertified midwives have a much better time and not so many critics."

EXAMINATION PAPER.

The following are the questions set to candidates at the Examination held by the Central Midwives Board on April 10th.

1. Describe the anatomical position of the Bladder. What disorders of micturition may be present during pregnancy?

2. What are the commoner causes of hæmorrhage in a woman who is 24 weeks pregnant? How do you endeavour to distinguish between them?

3. What is an occipito-posterior presentation and what would you find on examination?

Why is labour prolonged and how may delivery take place?

4. What is involution of the uterus?

What are the commoner causes of sub-involution of the uterus, and to what symptoms and signs would it give rise?

5. Describe some of the different methods of preparing food for an artificially fed infant a week old.

6. What leads to inflammation of the Breast? How would you recognise it?

What are the Rules of the Central Midwives Board dealing with this condition?

Application has been made by the L.C.C. to the Local Government Board for a grant-in-aid of the salaries and expenses of the two inspectors under the Midwives Act, 1902, by reason of the co-operation of the work of the inspectors with schemes for maternity and infant welfare in the administrative county of London. The Board has now intimated that it has decided to make a grant of £317 11s. 5d. in aid of the expenditure incurred during the year 1915-16.

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EDITORIAL.

THE NEXT GENERATION.

We are rightly awaking to the supreme importance of conserving infant life, and, to go still further back, of securing for the expectant mother suitable ante-natal conditions, in order that every child may, in the language of eugenists, be "well born," and our Mothers' Welcomes, Baby Clinics, and kindred organizations show that we are alive to the need of skilled supervision of children under school age.

But a word of warning is necessary, and is emphatically pronounced in an influential signed letter addressed to *The Times* by well known women, in regard to the national consequences with which we are threatened by the entrance into employment of children of eleven years of age. If the care bestowed on the babies is not to be rendered useless we must not allow children to compete in the labour market when they should still be at school, in order to meet the present need for labour. Setting aside their right to protection from the State, no policy could be more short sighted than the extravagant using up of strength which should be conserved and developed so that it may come to maturity.

Further, no case is made out for the employment of child labour, and the Bishop of Oxford, most fearless and outspoken of prelates, declares that cheapness, not urgency constitutes its attraction.

The case for the children is well put by the signatories in the letter above referred to. They say:

"It is a strange contradiction that at a time when Britain is making unparalleled sacrifices of her manhood in defence of all she holds dear, we should tolerate simultaneously an attack on the best interests of the children for whom in a large measure, these sacrifices are made. If to our lot has

fallen the heat and stress of battle, to them will fall the onerous and exacting duties of rebuilding the nation. The children of to-day are the citizens of to-morrow, and the omens point to their task being no light one. To fit them for it by every means in our power is a sacred obligation we owe to the dead. The lives given in Britain's cause will be given in vain, unless we rear a strong, healthy and efficient generation to gather in the fruits of a lasting and honourable peace.

"It seems to us deplorable, therefore, that this happier future for which we pray should be prejudiced by any weakening of our educational system, or a relaxation of the safeguards which protect the employment of children. Such a policy cannot, in our opinion, be justified on the grounds either of national economy or war emergency. Half educated, overworked children when they grow to manhood and womanhood cannot sustain worthily the obligations of an Imperial race. . . . Proposals to exclude infants from school to the age of six, and the lowering of the school age to facilitate the employment of children of eleven are fraught with real national peril. . . . There is a lack of imagination in all this which goes to the root of a great national failing. Britain's apathy about education has proved the Achilles' heel through which time over and again she has been wounded in this war. From German morality and German standards the British people recoil in horror. But from German educational efficiency we have all much to learn, and indeed may have much to fear if we elect deliberately to fall behind in the race. Scientific method is still in its infancy, and there will be no place in the new world for any race which, through slipshod methods, allows the younger generation to grow up half trained, and half equipped to struggle with the obligations of modern citizenship."

BATH CARAVANS IN BELGIUM.

The Wounded Allies' Relief Committee, of Sardinia House, Kingsway, W.C., is shortly sending to Belgium, for the benefit of soldiers at the Front, two novel bath caravans, that have been specially arranged to provide the greatest number of baths possible in the shortest time. The designer of the caravans is Mr. J. R. Anderson, A.M.I.C.E., M.I.M.E., the well-known civil engineer, of 4, Adam Street, Adelphi, W.C., who has done the work voluntarily.

Since the caravans will be drawn by horses from place to place, where water can be obtained from rivers or streams, dimensions of breadth and length have been the controlling factors in the case, and as the weight of the caravans must be within the power of two horses to draw, careful consideration has been necessary to details of construction in order to reduce weight to a minimum.

Before arriving at a definite conclusion upon the question of fuel for heating water, consideration had to be given to the possible sources of supply in that part of Belgium where the troops are. At first it was thought that wood fuel would be best, but this idea was finally abandoned for petroleum, for reasons of easier transport and greater heating power. After considering the merits of petroleum fuel boilers in general, the boiler most suitable for the type of hot-water apparatus designed for the caravans was considered to be the one manufactured by Messrs. Clarkson, of Chelmsford, which is used for motive power on the National Company's steam 'buses and cars. For the purpose of these cars, &c., steam is generated by the boiler, but for the "bath caravans" the heat evolved by the boiler will pass through an ingenious arrangement of tubes within a storage tank, to be quickly absorbed by the water contained in it for almost immediate use. Above the storage tank is placed a secondary tank, into which water will be pumped by manual labour through a pump attached to the caravan for feeding the storage tank under pressure, in order to keep up a continuous supply for filling baths by means of lengths of flexible hose. Before entering the supply tank, the water will be screened and strained.

While allowing some ten to twelve gallons of water per bath at about 120° F., and to be cooled down as necessary by the addition of cold water, and allowing ten minutes per bath, it is estimated that sixty or more baths an hour will be possible. It is assumed that baths will be given continuously for perhaps fourteen

hours without cessation, in which case some 800 men should be dealt with in this time. For the moment, it is intended to construct two such caravans, which should afford accommodation for some 1,600 men in fourteen hours. Twelve enamelled light steel baths of commodious size, some 5 ft. 3 in. long by about 2 ft. 2 in. inside, will be carried on a caravan in specially arranged lockers, with hinged flap doors opening outwards and downwards, and the baths will be "nested" one inside the other for easy transport.

Along the roof of the caravan, on either side, will be fixed roller-controlled waterproof sheeting, to be pulled outwards for securing it to light standard poles to form a weather-proof awning, while at the ends and side easily attached sheetings will be provided to form a complete enclosure, as found necessary. Within the enclosures thus formed, the baths will be placed in rows, and grips will be cut in the ground, or loose wooden troughs laid down, for carrying off waste water to a suitable outlet.

The hot water apparatus, with its tanks, is placed in the rear of the caravan, and is conveniently arranged for outside management and control. It is also housed in a steel plate compartment, insulated from the caravan proper by a double-plate bulkhead partition filled in with non-conducting material for protection against fire. On either side of the boiler is a hot or drying closet, complete with rods and hanging hooks and slatted shelves for clothes and towels, and on either side of the caravan also is provided a Dr. Thresh's Emergency type of disinfectant, enclosed within a steel plate compartment, opening outwards, for dealing with clothes and garments requiring treatment, but as space is limited, these disinfectants can only be on the small scale. None the less, they are sufficient in action, and should be found very useful.

Good sleeping accommodation for two men is provided above the bath lockers, and in the centre of the caravan, approached from a door behind the driver's seat, is a ventilated and lighted passage-way, with a store cupboard of good size at the end, with a useful arrangement of deep shelves over it of the full width of the caravan. In addition, brackets and hooks and other fixings for carrying pump gear, hoses for baths, &c., are provided, and perhaps a portable cooking stove will be carried.

Under the driver's seat is fitted an enclosed and sealed tank for the supply of liquid fuel, sufficient for one day's use, which will be recharged from barrels or kegs brought up from the supply base.

OUR PRIZE COMPETITION.

WHAT IS AN EMPYEMA? WHAT OPERATIONS ARE UNDERTAKEN FOR ITS RELIEF, AND WHAT HAVE YOU TO SAY ABOUT THE AFTER-NURSING?

We have pleasure in awarding the prize this week to Miss E. A. Noblett, 3rd Northern General Hospital, Headingley, Leeds.

PRIZE PAPER.

A collection of pus in the pleural cavity is known as an empyema.

An empyema is frequently due to the pleuritic effusion becoming purulent, or it may be primary—i.e., purulent from the beginning. When pleurisy is a sequela or complication of the infective fevers or pyæmic state, it nearly always becomes purulent; also if pleurisy is a result of pneumonia it is usually purulent from the start.

The treatment of empyema is surgical, and consists in free drainage. A portion of one or two ribs is removed, and a soft drainage tube or soft-rubber bobbin is inserted. If a soft-rubber tube is used, it is fenestrated, and a safety-pin is put at right angles through the outer end to prevent the tube from slipping into the pleural cavity.

It is not now usual to wash out the pleural cavity, but some surgeons do so. It is apparent that each time the washing fluid is passed in, the same hydraulic conditions as in the original empyema are re-established for the moment, and then drained off. This alteration must in some degree cause shock. After the operation a very voluminous dressing of sterile pads is applied, and held by a swathe. These pads require changing usually within the first hour, and perhaps every two or three hours in the first twenty-four; after that, the amount of drainage may become rapidly less.

The patient should be placed in bed with the drainage opening downwards—that is, he is placed on the affected side with a slight inclination backward; the first criterion in posture, however, being the position in which breathing is least difficult. The tube must frequently be probed with a sterile instrument, to see that it has not become plugged with fibrin or blood-clot. It is kept in position about a week, and if drainage is then profuse, still longer.

These patients should be carried almost immediately out of doors, and are best sitting up. If adequate protection and nursing can be provided, they should sleep out of doors. Lung exercises, such as deep breathing and blowing fluid from one bottle to another, is started as early as the end of the first week.

The duration of drainage in these cases varies with the condition of the patient, the amount of pleural or lung disease, and the surroundings. Dust-free air, as in the country or at the seashore, together with maximum sunshine, are the best tonics.

The Bier hyperemic cup is of great value used daily from the time of removing the tube till the sinus is healed.

If the characteristic fluctuations of the chart persist after operation, an encapsulated empyema, not drained by the operation, is suspected. Sometimes the surgeon introduces his finger through the wound to break up the adhesions and so drain such a cavity; at other times a second opening is made. Encapsulated empyema, which is not reached by operation, may at any time rupture into a bronchus, or through the diaphragm into the peritoneum, or into an adherent colon; also death may result from toxæmia.

In left-sided empyema, where the heart has been displaced, collapse and death are most likely to occur at the moment of escape of pus during the operation, when the heart suddenly assumes its normal position. The pus is allowed to escape slowly, and the cardiac condition closely watched at the same time, with stimulants at hand.

When every effort is made to aid the lung to expand and fails, Estlander's operation is performed.

In some cases it is necessary to give vaccine treatment. During convalescence, nourishing diet should be given.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss N. C. Ashley, Miss L. C. Cooper, Miss H. Tong, Miss W. E. Rudman, Miss M. James, Miss P. Robinson.

Miss Tong gives the following method of preparing the skin for aspiration:—After the nurse has thoroughly scrubbed her hands, she should cleanse a good area near the lower angle of the scapula with ether, methylated spirit, or turpentine. Paint with tincture of iodine, and apply a sterile swab and bandage.

Miss Rudman writes:—Previous to an operation the affected part is usually explored, either with an exploring needle or with an aspirator. This is to know if pus be present.

Miss Ashley writes:—If the pus is not too thick, it may be drawn off by aspiration, but it is more often necessary to make an incision into the pleura.

QUESTION FOR NEXT WEEK.

Mention some of the different agents employed in applying counter-irritation, and describe the methods of their application.

NURSING AND THE WAR.

Her Majesty the Queen has graciously presented to the Cairo Empire Nurses' Red Cross Club a large box of books and games for the use of the members. The gift arrived, accompanied by a card upon which was inscribed, in Her Majesty's handwriting:—

With best wishes from the Queen; for the Empire Nurses' Red Cross Club.

The club membership is upwards of 800. It has provided a delightful retreat for nurses, V.A.D.'s., and their friends.

It is good to learn that the Queen of Bulgaria treated Lady Paget and her staff of 54 nurses with kindness and courtesy, when passing through Sofia, where they had to remain a month, on their way home from Serbia. All were allowed to go about the streets and to visit the 400 British prisoners interned at Sofia, who are reported to be well treated.

Lady Paget had several interviews with the Queen of Bulgaria, and begged for the release of two soldiers unfit for further fighting. One of these soldiers is blind and the other has lost a leg. Their release was granted, and they have now returned home.

The journey home by way of Rumania, Russia, Sweden and Norway was a most interesting one, and proved thoroughly enjoyable. When the nurses had taken farewell of Bulgaria and set foot in Rumania, they felt glad that they were once more on neutral ground and free. The party spent a short time at Bukharest, and then journeyed to Kieff in Russia. Moscow was the next stopping-place, and here they visited the Kremlin, doing the sight-seeing of the city in sleighs—the snow lying to a good depth. From Moscow they came to Petrograd, and here, like Moscow, there was little or no indication that a war of such magnitude was in progress. Soldiers were seen marching through the streets, singing while they marched, and all happy and light-hearted. The large shops were brilliantly lighted, and business was going on just as usual. From Petrograd they went through Finland to Tornaa, in Lapland; and from there they crossed the river in sleighs to Haparanda. Journeying through Sweden, they came to Stockholm, and here they had the honour of being presented to the Crown Princess of Sweden by Lady Paget and were shown over the Royal Palace. Leaving Stockholm, they crossed to Norway, and visited Christiania and Bergen, sailing from the latter for Britain, and reaching Newcastle safely. At all parts of the homeward journey, they were received with every kindness, and their experiences since leaving this country to go to Serbia's aid, until their return home, will for ever live in their memories.

From University College Hospital, 543 men, including students, and 63 nurses, are serving at the Front.

We constantly receive letters from trained nurses who have "tried all they know" to run V.A.D. hospitals satisfactorily, and have failed. They cannot all be incompetent, so we must blame the system. The following letter is typical:—

"One has by no means a free hand as to criticism, and many of these V.A.D. places would greatly benefit by the pure ray of wholesome expert criticism. I had six months in one place and it nearly broke me up. To begin with, the place was just a playground for the local girls, but I got them into uniform and had a real nursing spirit in those who proved at all capable. The doctor who was Commandant, was alas! of quite the old school, and had no idea of a trained nurse's needs. So often I tried to get him to let me have one or two of the keen ones, and pay them to do regular work. Oh, no, he could only toady all round to the local people and the V.A.D.'s and make the post as hard and irksome to me as possible. We had bad cases, of course. I just had to sacrifice everything and do them all myself entirely, and as there was no trained substitute I could not get proper outtings. I am only pointing out my woes now because I want to know if you can't make one of your valuable crusades based on the article I sent you. I have got quite broken down over all I have done for that place and you know the result, only to be told I was unpopular with the V.A.D.'s by the doctor who should have known better. He owns the work has never been so efficient or so well done before. When I went there nothing had gone straight and not a surgical case ever 'did.' Of course one is not out for popularity—at least I was not. I have most grateful letters from those who have the real interests of the place at heart, only does it not anger a trained person to find a medical man with so little idea of what is right for the patients, or to be so little help in the matter of discipline? Of course, the idea was that if the girls were asked to do any differently they would not come. That could all have been altered with a little diplomacy. Fortune put some very bad cases in my way and a very good surgeon gave me great praise, but I do feel that if the method of work could be put on different lines the hospitals could do their work without the strain on the trained people the present disorganisation entails. I resigned, as usual in those places, because of the interference with my helpers, and the strain became too great. I do not wish to push a private grievance which I do not feel. My point is that now the war has lasted so long it is time for the matrons of these hospitals to be able to choose (and pay if necessary) women who show aptitude for work and discipline, and so put things on a much improved footing. How trying it is all the time to have to keep overlooking things one would not tolerate in a regular hospital

just for fear of offending the big wags or shop keepers in the locality."

We fear there is now little hope during this War of efficient nursing standards being introduced in the hospitals in question, or justice for trained workers, as the present system is approved and encouraged by the Army Medical Department at the War Office.

An Australian nurse encloses the following list of the cost of their equipment for active service, and writes, "We are very grieved to delete from wear our smart little red capes, but it is advanced that it confuses us on duty with Imperial Sisters."

THE COST OF EQUIPMENT.

The following is the list of articles supplied by the Defence Department to Australian Nurses on active service:—

| | Prices. |
|--|---------|
| Grey Skirt and Blouse (Outdoor Uniform) | £2 10 0 |
| 1 Rainproof Overcoat (Grey Macintosh) | 2 0 0 |
| 1 Grey Cape | |
| 1 Grey Cloak | 3 15 0 |
| 2 Red Capes, at 6s. each | 0 12 0 |
| 1 Pair Grey Gloves | 2 0 0 |
| 1 Bonnet | 1 0 0 |
| 2 State Buttons, at 3s. each | 0 6 0 |
| 2 Badges, at 3s. 6d. each | 0 7 0 |
| 1 Commonwealth Brooch | 5 0 0 |
| 2 Brassards, at 9d. each | 0 1 6 |
| 6 Collars, at 10d. each | 0 5 0 |
| 6 Pairs of Cuffs, at 10d. pair | 0 5 0 |
| 4 Zephyr Squares for Caps, at 2s. 6d. each | 0 10 0 |
| 3 Zephyr Dresses (Grey), at 16s. each | 2 8 0 |
| 4 Grey Aprons, at 3s. 3d. each | 0 13 0 |
| 8 White Linen Aprons, at 4s. 6d. each | 1 16 0 |
| 3 Grey Belts, at 6d. each | 0 1 6 |
| 3 White Belts, at 6d. each | 0 1 6 |
| 1 Hold-all | 1 0 0 |
| 1 Tin Cabin Trunk | 1 10 0 |
| 1 Pair Boots (Black) | 1 0 0 |
| 3 Red Cross Arm Bands, at 6d. each | 0 1 6 |
| Trimmings Allowance | 0 10 0 |
| | £21 0 0 |

Other articles, such as mess furniture (plates, knives, forks, &c.), sheets, blankets, and pillow cases, are all supplied by the Defence Department.

SALARY—A.I.F., FOR ACTIVE SERVICE.

Matron, 12s. 6d. per diem; Sister, 9s. per diem; Staff Nurse, 7s. per diem.

ALLOWANCES (ALL RANKS).

2s. 6d. per diem mess allowance, when food not supplied. £16 per annum for renewal of clothes, 3s. per diem when board and lodging not provided whilst in Australia, for nurses returning with invalids.

PENSION RIGHTS.

As for soldiers on similar rate of pay. Total incapacity: About £56, £64, and £76 per annum for staff nurse, Sister and Matron respectively.

It is now pointed out to the nurses that though they receive that 7s. a day, their salary is really

£60 per annum, as the balance between £127 per annum (which is the amount at 7s. a day) and the £60 salary received, is paid to the caterer in Egypt. The allowance of 2s. 6d. per day mess allowance is paid to the mess.

THE LITTLE RED TIPPET.

From the fair sunny land where the wattle is blooming.

The pale golden wattle, the flower of the free,
The Lassies in Grey, dainty, sweet, unassuming.

With hearts full of pity, came over the sea
To the mystical East, to the sands of the Desert,
The heat of the noontide, the glare of the day;
Where the boys of Australia, sore wounded in battle,
Awaited their coming—those Lassies in Grey.

They longed for a sight of the little red tippet;
The boys who lay stricken at close of the day.

The tippet, the tippet, the little red tippet,
The badge of the brave, bonnie Lassies in Grey.

From the north and the south, from the east and the west,

From village 'way out back, from city and town,
The clarion call, "We have need of the best,

The boys of Australia are helpless and down,"
Was answered by hundreds—a message love-laden
Was wafted far eastward: "The Lassies in Grey,
The brave, bonnie lassies, both matron and maiden,
Will succour the boys who have fall'n in the fray."

The boys saw the tippet, the little red tippet,
The boys who lay stricken at close of the day.

And their weary eyes smiled on the little red tippet,

The badge of the brave, bonnie Lassies in Grey.

In the hospital wards of the gay eastern city,
Where the boys of Australia, in strife with the Turk,

Lie shattered and torn—dear God! what a pity
That men should so mutilate Thy handiwork:

But thy sons, O! Australia, are cheerful and smiling,

And heed not their pain nor the long, weary day,
For they have the tippet, the little red tippet,

And are nursed by thy daughters—the Lassies in Grey.

The boys love the tippet, the little red tippet,
The tippet that's worn—in the usual way;

When sunbeams are glancing its charm is enhancing

The forms of the brave, bonnie Lassies in Grey.

From *Una* (the Journal of the Royal Victorian Trained Nurses' Association).

FRENCH FLAG NURSING CORPS.

The Committee of the F.F.N.C. are most grateful to the Rev. S. R. Jenkins, B.A., of Seaforth, for his efforts in arranging meetings in the Liverpool District for Miss Grace Ellison, his sister-in-law. Mr. Jenkins is one of the busiest ministers in Liverpool. In addition to his pastoral charge at Seaforth, he is the President of the Federation of Brotherhoods, is Editor of the *Congregational Magazine*, and is chaplain to His Majesty's Forces.

In all he has arranged twelve meetings. The first of the series was held at the charming home of Mrs. Walter Lloyd, Sefton Park, when the Rev. Alex. Connell, M.A., B.D., who was President of the National Free Church Federation two years ago, presided. The collection realised £38.

Miss Grace Ellison is appearing in a new character as a public speaker, we know she has a facile pen, and a persuasive personality, and we hear she is to be greatly congratulated upon the feeling and charming manner in which she tells the story of the French Flag Nursing Corps, without lurid exaggerations which when adopted from the platform are apt to be very offensive to those for whom the appeal is made. Miss Ellison will be in London early in May, and is to speak at the Indian Empire Club at a meeting which is being organized by Mrs. Murray, the chairman of the Committee.

Mrs. Bedford Fenwick has proposed a "Joan of Arc" Flag Day in support of the F.F.N.C., as it appears most appropriate that the members of the Corps who are officers of the French Army, should invoke the help of the great French military saint, in support of their work for French wounded. Mrs. Fenwick will be pleased to hear from any nurses who are willing to give a helping hand with "Joan of Arc" Day.

We beg to thank the Sisters who so kindly sent us Easter cards and greetings. It is a great satisfaction to know what steady progress in French favour the work of the Corps has made, thanks to the devoted sympathy of so many of the Sisters.

We have to thank Mrs. Lyon, of Corrie Lodge, Locherbie for more useful gifts, 12 pairs of beautifully knitted socks from poor women living on the estate, and face washing cloths, knitted by the small son of the house, aged seven. We have kept note of this, and hope the Sister who receives them will make a point of telling the patients who use them of the interest of this little boy in their comfort. The French appreciate these little personal touches.

Two of the Canadian Unit are working at Rousbrugge, and until recently have been very busy and have found their work intensely interesting. We learn the wards are very well equipped for a field hospital, and the patients are all wonderfully cared for. One Sister writes:— "We have had some very distinguished visitors

during the past month: First, the King of the Belgians came to see a French General who had been wounded, and a few days ago the Queen made a very thorough inspection of the hospital, and expressed herself as being very well pleased with all the arrangements. She was most charming and gracious and I was fortunate enough to have a second conversation with her in our Salon, and she spoke so kindly of our brave Canadian soldiers. . . . We have all been interested in the struggle with the Nursing College scheme, and in fact with all that is connected with your splendid journal. I am glad to see in this week's issue that Miss Ellison was speaking in support of the F.F.N.C."

A gift of 20 mattresses having been received by Miss McMurrich at Rousbrugge, she wrote us: "I wish you could have seen the delight of the patients. . . if you know of any one who would be willing to give 20 more for another ward it would be a gold mine indeed, the measurements are 72 in. by 30 in." In reply to an enquiry as to what was most urgently required in the hospital, Miss McMurrich asked for rubber rings, rubber gloves, small pillows, and covers about 9 inches in length, gauze bandages, 2½, 3, 4, and 6 inches wide; safety pins all sizes, note paper and envelopes for patients, fine tooth combs, glass hypodermic syringes, sizes 2, 5, or 10 centimeter cubes, and aluminium hypodermic needles large enough for giving camphor oil.

We forwarded this letter to the Vicomtesse de la Panouse, the President of the Corps, and have received the kind reply: "Ci-joint la lettre que je devais vous renvoyer. Nous avons adressé 20 matelas et les autres choses qu'elle demandait à la Nurse que vous nous avez indiqués." A little gold mine indeed.

A second unit of six Canadian nurses for the F.F.N.C. will arrive in London next month, and will cross to France as soon as the innumerable formalities have been complied with.

"IN THE HIGH CAUSE OF FREEDOM AND HONOUR."

The first anniversary of the landing of the Australian and New Zealand Contingents in Gallipoli was celebrated in London and through the Dominions on Tuesday last. Men who had formed part of these contingents who marched through the streets of the Metropolis were enthusiastically acclaimed, especially by the mothers in the crowd, and by trained nurses at Charing Cross and Westminster Hospitals. In the service in Westminster Abbey, at which the King and Queen were present, the names of the forces that effected the landing were recited by the Dean who invited the great congregation to unite in praise and thanksgiving for those of their number who died at Gallipoli for their King and Empire in the high cause of Freedom and Honour. Seven seats were assigned in the Abbey to members of the Australian Army Nursing Service who were thus able to take part in honouring "all these who fought most valiantly."

CARE OF THE WOUNDED.

The King and Queen visited the sick and wounded at the American Hospital for English Soldiers at Camwood Towers, Highgate, on April 18th, and gave great pleasure to those being treated in that beautiful place. The last time we were near by our hostess pointed to two lovely cows chewing the cud in a meadow, and told us they had a maid who made their butter. Fancy butter grown in Highgate!

We are glad to note that the King has been pleased to appoint the undermentioned officers to the Orders stated, in recognition of their distinguished service and devotion to duty at the camp at Wittenberg, Germany, during the typhus epidemic which prevailed there from February to June, 1915.

C.M.G.

Major Harold Edgar Priestley, Royal Army Medical Corps.

D.S.O.

Captain Alan Cunliffe Vidal, R.A.M.C.; Temp. Capt. James La Fayette Lauder, R.A.M.C.

The infamous neglect of our poor sick prisoners at Wittenberg by those in charge of them, is one of the very blackest episodes, if not the most inhuman in the War.

A correspondent kindly sends us the following information from a Swiss paper:—

An agreement has been in force some time now in Switzerland between the French and German Governments with regard to the internment of sick or infirm prisoners of war in Switzerland. Those who are suffering from the following ailments are now afforded the right of transference to the territory of the Swiss Republic:—

Tuberculosis, even in its initial stages.

Chronic constitutional ailments, affections of the blood, and toxic conditions.

Chronic ailments of the respiratory passages of the organs of circulation, of the digestive organs, of the urinary and reproductive organs, of the

central and peripheral nervous systems, and of the organs of sense.

Blindness or loss of an eye, if the remaining eye no longer possesses normal sight.

Deafness in both ears.

Widespread chronic skin diseases, cutaneous ulcers, fistulas.

Chronic rheumatism in the joints and gout attended by visible deformations.

Malignant or benign tumours, provided these are accompanied by perceptible functional disturbances.

General enfeeblement known to have resulted from age or illness.



DR. ELSIE INGLIS, SCOTTISH WOMEN'S HOSPITALS.

Advanced forms of syphilis involving functional disturbances.

Loss of a limb in the case of officers and non-commissioned officers.

Fixation of the joints of a serious nature.

Conditions of all kinds due to diseases or wounds, other than the aforementioned, which involve inability to perform full military service for a period of at least one year (mutilation of the face or jaw, after effects of trephining, indolent wounds).

Isolated cases comprised in none of the above categories, but necessitating, in the opinion of the Commission, immediate internment in Switzerland. (The wounds or diseases in such cases must manifest the same degree of gravity as those aforementioned.)

The above provisions expressly exclude the following cases:—

All serious nervous or mental affections involving treatment in a special institution.

Chronic alcoholism.

All contagious maladies during the period of their transmissibility (infectious diseases, &c.).

Let us hope now that we have as usual "waited and seen" what other Governments can do for suffering prisoners, that our own devoted soldiers may receive like consideration.

The Scottish Women's Hospitals are still going ahead in spite of the losses in Serbia, they have

just held a flag day in Glasgow, and we hope they made a nice little pile by it.

In Salonica there is a Scottish Hospital under a Glasgow woman, Dr. Louise M'Ilroy; in Corsica Dr. Mary Blair and her staff are giving medical aid to refugees from Serbia; in France at the Abbaye de Royaumont a hospital, recently extended, is being carried on by Dr. Frances Ivens. The interest in and the support given to the Scottish Women's Hospitals may be described as world-wide, for there are hospital funds in England, in Wales, in Ireland, in India, and in America.

Dr. Elsie Inglis, the first woman to be decorated with the Order of the White Eagle, the highest Order in Serbia, who is now at work in Corsica, had many interesting experiences to relate during a brief visit to this country recently. Speaking on the terrible overcrowding of the hospitals at Kraguevatz she said that they put the wounded in bunkers one on the top of each other, the least wounded at the very top. The clattering of dishes at meal times, the chatter of the men, and the strange sight of them climbing into their bunks made the place more like a zoo than anything else—which was indeed what the nurses called it.

Referring to the perfect organization of Dr. Hutchison's Camp Hospital at Madanovatz, she related that once, when spending the night there she woke at 5.30 to find Dr. Hutchison wandering round the grounds. On enquiring what she was doing at that time in the morning Dr. Hutchison replied that it was a very good time to find out things that were wrong. "Needless to say," said Dr. Inglis, "when the chief of a hospital is up and about at 5.30 in the morning there can be little wrong to find." We are indebted for our interesting illustration of Dr. Inglis to the *Lady's Pictorial*.

A Souvenir of the use of the Royal Pavilion at Brighton as an Indian Military Hospital, compiled and edited by Mr. Henry D. Roberts, has been published by the corporation of Brighton with the approval of the India Office. It has been translated into Urdu and Gurmukhi, and 20,000 copies have been purchased by the Government of India for distribution in India.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in Home Hospitals:—

North Staffs Infirmary, Stoke-on-Trent.—Miss G. E. Butler.

Yarrow Military Hospital, Broadstairs.—Miss D. M. Duke, Miss E. M. Murphy, Miss E. M. Robins. *Waverley Military Hospital, Farnham.*—Miss E. J. Smith.

Red Cross Hospital, Maidenhead.—Miss F. A. Hague, Miss A. S. Wilson.

Red Cross Hospital, Highfield Hall, Southampton.—Mrs. M. Spink.

V.A.D. Hospital, New Town Hall, Torquay.—Miss J. D. McL. Smith.

V.A.D. Hospital, Mere, Wilts.—Miss C. B. Bell. *Urmstone Red Cross Hospital, Eastbourne.*—Miss M. Turtle, Miss C. M. Smart.

Red Cross Hospital, Christchurch, Hants.—Miss A. L. Atkins.

Divisional Hospital, Bedford.—Miss E. Skipper. *V.A.D. Hospital, Sutton Coldfield.*—Miss L. H. Jane.

Red Cross Hospital, Gloucester.—Miss C. M. Jönson.

Red Cross Hospital, Witham, Essex.—Mrs. B. H. Tuohy.

Wardell Military Hospital, Stanmore.—Miss A. M. Armstrong.

Red Cross Hospital, Mere, Wilts.—Miss S. Watt. *Nethercourt Auxiliary Hospital, Ramsgate.*—Miss E. M. Waight.

Knights V.A.D. Hospital, Evington, near Leicester.—Miss L. Shulver, Miss E. L. Philips.

Bricket House Red Cross Hospital, St. Albans.—Miss F. M. Chandler.

Auxiliary Military Hospital, Southall.—Miss L. Wood.

ABROAD.

Anglo-Russian Hospital.—Misses M. McCallum, L. Crosbie, M. M. Price.

Boulogne.—Misses M. E. Chisholm, L. Wright, F. Kay.

SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee will be held at the office, 431, Oxford Street, W., on Saturday, April 29th, to discuss the Annual Report and make arrangements for the Annual Meeting. The Society intends to stand quite firmly at this time of stress for the principles for which it was founded fourteen years ago—State Registration of Trained Nurses by Act of Parliament; a professionally elected Governing Body, on which the nurses have direct representation; a Central Examination for all nurses at the expiration of the term of grace; and the protected title of "Registered Nurse" for those who obtain the Certificate or Diploma qualifying for Registration. All certificated nurses who approve this straight professional programme should become members of the Society for State Registration, forms of application for which can be obtained from the Hon. Secretary, S.S.R.T.N., 431, Oxford Street, London, W.

The Society opposes lay control for the Profession of Nursing; a Governing Body nominated by laymen through a Public Company; exemption from a central and independent examination before registration for socially

powerful Training Schools, and the consequent deprivation of personal responsibility of individual Trained Nurses, also the registration of semi-trained women.

It supports democratic as opposed to autocratic organization of the Nursing Profession.

THE NATIONAL UNION OF TRAINED NURSES AND STATE REGISTRATION.

A Meeting organized by Miss H. L. Pearse was held in the lecture room of the National Union of Trained Nurses, 46, Marsham Street, S.W., on the evening of April 18th. About sixty-five trained nurses attended.

Miss Pearse explained the Bill for State Registration. She interested her audience greatly, and made clear certain points which had hitherto been obscure to many. One was that provision is made for existing members of the nursing profession to go on to the Register during the three years' term of grace without a further examination; and the other was the arrangement for the possibility of organizing joint curricula between different hospitals—specialized and general, large and small. She impressed on her audience that the most important points to hold on to were:—

1. Registration by the State.
2. An elected Council.
3. A Central Examination.

The following resolution was passed:—

That this meeting of Trained Nurses wishes to record its opinion, that the Bill for State Registration of Trained Nurses, as drawn up by the Central Committee for Nurses' State Registration be brought before Parliament and urged as a War emergency measure and that arrangements for nurses' education as outlined in the proposed College of Nursing should follow, and not precede such legislation.

THE BRISTOL BRANCH.

An interesting meeting was held at Fortis' Restaurant, Clifton, on April 20th, to re-organise the local Branch of the National Union of Trained Nurses. The following honorary officers have now been appointed:—

Secretary: Miss M. C. Kennedy, Bristol Royal Infirmary.

Deputy-Secretary: Miss Symonds, 7, Unity Street, St. Phillip's.

Treasurer: Miss Culverwell, Chatworth House, Clifton.

It was decided to work on more purely professional lines for the future, and the Secretary will welcome the names of Sisters and Nurses who would like to join the Union.

BECKETT STREET INFIRMARY. TOWNSHIP OF LEEDS.

He that does not advance loses ground.

There is something specially applicable in this motto, so happily selected by the Matron, Miss Parker Spann, and her Sisters for the newly formed Infirmary Nurses' League. If taken seriously and conscientiously to heart, it will strengthen those weak in their professional faith, and support and encourage the loyal and strong.

The Matron, who is a convinced Registrationist, while allowing freedom of conscience to the Nurses, yet encourages them to embrace the same faith. I had the honour of addressing a large gathering of the nurses, probationers and Sisters on the evening of April 17th, besides outsiders, some of whom had come from a distance. They came with open and receptive minds to learn something more of State Registration, and all about the College of Nursing, Limited. I told them that I had come to witness to the truth as I believed it, and therefore I was bound to say that the constitution of the College as defined in the Memorandum and Articles of Association was a distinct danger to the liberties of trained nurses, because it sets up lay government of the profession, which no other profession would tolerate—neither will we. I assured them that the constitution of the Registration Bill now before Parliament stands for the freedom of the Nursing Profession, because independent working nurses will be adequately represented on the Council. They clearly understood and appreciated the important difference between a democratic and autocratic form of Government.

It is much to be regretted that it is not possible for the Articles of Association of the College of Nursing to be carefully studied by every Nurse in the Kingdom. Failing that, it is essential that those who have done so, should warn the rest against the danger of associating themselves in any way with it, as, besides ourselves, we have the sick public to think of, and—more important still—*posterity*. We must stand firm to our principles; there must be no wobbling. This dangerous attack upon our professional freedom must be repulsed.

The following Matrons attended the meeting:—Miss Lewis (Hunslet Union Infirmary), Miss Cross (Wakefield Union Infirmary), Miss Hare (North Brierley), Miss Kershaw (Dewsbury Infirmary), Mrs. Dodge (Holbeck Union Infirmary), Miss Williams (Sister in the same), and Miss Ward (Bramley).

It says much for the professional enthusiasm of these ladies that they would come out in these dark evenings—one from a distance of 15 miles—to listen to any sort of lecture!

Busy people always find time for a little extra work! It goes without saying that Miss Spann, who superintends a large hospital of 1,100 beds, is a very busy woman, nevertheless she most

kindly found time to show me many parts of this vast establishment the following morning, after giving me hospitality for the night. The fine, large, airy wards were in charge of bright-looking Sisters, some of whom had attended the meeting. The floral decorations were, perhaps, not quite so profuse as in times of peace, but the flowers were *there*—for how could English patients get well in a flowerless hospital ward! A moral impossibility! The Children's Ward was full of happy babies of all ages. One poor mite, without any apparent reason, lifted up his voice and wept long and loud. Perhaps my intrusion was the cause of his woe! The Matron regretted that she was unable to show me the new operating theatre, as the surgeons were using it, but, judging from

GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

The Fourteenth Annual Meeting and the Eighth Annual Dinner of the Guy's Hospital Nurses' League will be held in the Nurses' Home, Guy's Hospital, S.E., on Friday evening, May 5th, 1916. Tickets for the Dinner may be obtained by members, price 1s. each, and application for them should be made not later than Thursday, May 4th, addressed to the Hon. Secretary at the Matron's Office.

Owing to the War, and the difficulty of getting exhibits from members abroad, it has been decided not to hold a Competitive Exhibition of Photo-



BECKETT STREET INFIRMARY, LEEDS.

the exterior, it must be a worthy addition to the hospital. In spite of difficulties and inconveniences owing to the War, principally shortage of labour, the wheels of this great machine seem to work very smoothly—a fine tribute to good management surely. I took with me a number of copies of the current issue of the JOURNAL, which sold like hot cakes; likewise, much pamphlet literature; and more Nurses applied for membership to the State Registration Society. It was a happy and gratifying visit. I hope these understanding Nurses will convert and teach others about State Registration. If each nurse who joined the Society felt it incumbent upon her to act as a new centre for the dissemination of knowledge and for securing new adherents to the Cause how quickly its members would increase.

BEATRICE KENT.

graphs as usual, but an effort is being made to collect as many prints as possible to show to Members who attend the Annual Meeting. Those interested in photography are asked to communicate with Miss Smith not later than May 2nd, and at the same time to send in prints, which need not have been taken recently, which are suitable for exhibition on the screens.

Dinner 7 p.m. punctually; Annual Meeting, 8 p.m.

The new Register is now being compiled. It is found that a great many Members have not yet returned the forms for correction sent out in December, 1915. To ensure accurate information in the Register, it is requested that notification of the alterations should be sent in at once, giving corrections and additional information of appointments since 1913.

LAY CONTROL OF THE NURSING PROFESSION.

The following letter has been addressed to the Chairmen of Hospitals and Infirmaries by the Hon. Arthur Stanley, M.P. We publish it, as it is a document trained nurses should carefully consider.

THE COLLEGE OF NURSING, LIMITED,

83, Pall Mall,
LONDON, S.W.

DEAR SIR,—The response to the letter which I addressed on the 1st instant to many of the Hospitals, Infirmaries, and Nurse-Training Schools throughout the country was so prompt and widespread that at the Conference held a week later at St. Thomas's Hospital more than two hundred representatives were present from England and Wales, Scotland and Ireland. I then took the opportunity of explaining the circumstances which led to the establishment of the College of Nursing, and I laid stress upon the desire of the Council to form as speedily as possible such a Consultative Board as would be representative of all parts of the United Kingdom and of all branches of Nursing.

The Council has learnt with regret that, as through unavoidable reasons the notice I was able to give of the Conference was somewhat short and some of the letters miscarried, many Nursing Authorities failed to receive my communication in time to take formal action upon it. I am, therefore, desired to give expression to the earnest hope of the Council that your Board of Management may be pleased *within the next month* to nominate not more than two Representatives upon the Consultative Board of the College, and, as some guide to the lines on which we are working, I am amplifying certain points in the constitution of the College to which allusion only was made in my letter of 30th December, 1915.

To the reasons which induced me to lay before the Managers of Hospitals and Infirmaries proposals for the establishment of a College of Nursing at the time I did I need not recur, but I ought perhaps to say that, whilst it was originally my intention to ask the Board of Trade to register the College without the word "Limited," I found on enquiry that such a proceeding would lead to probable difficulties and to certain delay, which it was my object to avoid. Accordingly, the signing of the Memorandum and the Articles of Association became largely a formal matter, and the original Council of 15 appointed by the Signatories has already been increased by co-optation to 23, and may be further enlarged up to 30 members. A list of the present Council is enclosed herewith, and I shall be glad also to furnish on application a copy of the Memorandum and Articles of Association, which it should be remembered have, in accordance with the usual practice in these cases, been drawn so as to give the widest possible powers, and not as a precise

indication of the present or future policy of the College.

As I stated in my original letter, we have for the time at least to rely upon a voluntary scheme of co-operation amongst the Nurse-Training Schools throughout the Kingdom, but, concurrently with the activities of the College as regards the training and certification of Nurses and other women-workers in hospitals, opportunities will be taken for friendly conference on the one hand with those who are altogether averse to State interference and on the other with those Societies whose primary object is the registration of Nurses by Act of Parliament. To meet Representatives of such Societies a Registration Committee has already been appointed, and, whilst it would be idle to ignore the many difficulties which have to be overcome before the Nursing Profession wins the legal recognition it deserves, no one will rejoice more heartily than myself when, as the outcome of our common efforts, such a degree of substantial unanimity has been reached within the ranks as to enable us to present to Parliament an agreed Bill to gain legal status for the results attained by the combined activities of all who, working at present on different lines, have as their one objective the betterment of the Nursing Profession. In these aims I feel assured that we can rely upon the sympathy and all-important help of the Medical Profession with which nursing is so closely allied.

Another point upon which I have laid emphasis is that the College is ultimately to be self-governing. Primarily, it is true, the scheme is based upon the co-operation of the Matrons and Lady Superintendents of the leading Nursing Schools, whose knowledge and experience in matters of curriculum and examination, supported and amplified by the work of the Consultative and Examination Boards, are made use of to initiate the undertaking. Accordingly the original Council has been thus nominated and co-opted, but in 1918, and every year afterwards, one-third of the members retire from office, and vacancies are filled by the votes of the Members of the College, i.e., from the general body of Nurses upon the Register. To ensure for them an effective influence in the result there is provision for a postal vote, not dependent upon personal attendance at the Annual Ordinary Meeting at which elections to the Council are made. Whilst, therefore, the College in its early years will be largely guided by the experience of the Heads of the various Training Schools who form a majority of the first Council, it will, when it attains maturity, become broad-based and democratic in constitution.

The third and fourth points upon which I have insisted are: uniformity of curriculum, and the one-portal system of examination, and it is just in these matters that the Council feels the urgent necessity of help and counsel from Nursing Schools, from the Medical Profession, from

Nursing Associations, and from Nurses in the active practice of their calling.

The solidarity of the Nursing Profession being a matter of paramount importance, it is essential that there should be only one Certificate of General Training for all nurses wherever trained. At the present time, however, the nurses of the best London and Provincial Hospitals and Infirmarys are able to make a living on the reputation of the Nursing Certificates they hold from their own Schools, and thus have comparatively little inducement to enter for, and incidentally to pay fees for, any further qualifying examination. Hence the importance to the scheme of the countenance and active participation of the Authorities of the leading Nurse-Training Schools, and hence the provision, under stringent safeguards as to standard, for accepting the internal examinations of recognised Schools as qualifying for the Certificates of Proficiency to be granted by the College. Moreover, such a concession avoids excessive centralisation, whilst it gives an incentive to backward Institutions to improve their curricula, teaching facilities, and tests, so that they may gain the status of recognised Schools, and thus be saved the necessity of sending their nurses elsewhere to sit for the College Examinations.

In view of the inclusion of the whole of the United Kingdom in the scheme, and the geographical difficulties thus introduced, power is taken in the Articles of Association to establish Local Boards, which may exercise in their respective areas "any of the powers, authorities, and discretions for the time being vested in the Council," and some progress has already been made in regard to Scotland.

Reverting to the constitution and functions of the Consultative Board, for which, as I have already said, the Council now invite your Managers to nominate not more than two persons, I would remark that under the Articles of Association, it is to consist of "such number of persons as the Council shall from time to time determine," and to be "elected from amongst Physicians, Surgeons, Hospital Matrons and Principal Officers, Superintendents of Nursing, Trained Nurses, and persons interested in the relations between Nurses and the Public." Amongst the functions assigned to the Consultative Board are:—

(1) To deliberate in regard to any question submitted to it by the Council, and to report to the Council the result of the consultation thereon.

(2) On the initiative of any Member of the Consultative Board to consider, if thought advisable, any subject within the scope of the Memorandum of Association; and, if thought advisable, to report thereon to the Council.

In order to ensure for the Consultative Board the fullest possible influence and authority in the College compatible with the position of the Council as the Governing Body, it is laid down that the Council shall always invite and receive a Report from the Consultative Board before

coming to a determination upon any of the following matters, viz.:—

- (1) The courses of study and technical training for persons intended for the Nursing Profession.
- (2) The conditions under which recognition may be extended to Nursing Schools.

For facilitating the work of the Consultative Board the Council has formed a Consultative Committee, with power to add to its numbers from amongst persons appointed on the Board, so that business may be put before the full Board in such a way as not to make too great claims upon the time of its Members, many of whom can only give occasional attendance in London.

From what has been said it will be evident that the work of the Board is chiefly of a professional character, but Managers of Hospitals may find that the revision of Nursing curricula entails extra expense in the matter of lectures, classrooms, and proper facilities for study. Consequently some representation of the Lay element in the management of Hospitals and Infirmarys appears to me to be desirable, in order that this point of view may receive due attention at the deliberations of the Board.

Until it is seen what response is made to this invitation, the Council is not in a position to elect the Consultative Board, or to fix its number, but, if the nominations are too numerous for efficient working, it may be necessary either to make a selection amongst them or to formulate some plan for representation on the Board by groups or districts. This, however, will be a matter for subsequent consideration, and meanwhile it is most important that as little time as possible should elapse before attacking some at least of the many problems which await solution before the College can take its place as the Central Organization of the Nursing Profession throughout the United Kingdom.

Again apologising for any inadvertent error in the transmission of my previous communications, and requesting the favour of an early reply,

I Am, dear Sir,

Yours sincerely,

(Signed) A. STANLEY,
Chairman of the Council.

VERY MUCH STIRRED.

A Sister in a large hospital writes:—"Here the whole nursing staff is very much stirred over the Nursing College Scheme. They quite realise that if support is given to it, trained nurses will be like fish in a net, by no amount of wriggling can they escape, because they can be coerced by hospital Committees and Matrons into joining the College. They strongly resent the suggestion that the nursing profession shall be made to cover the registration of V.A.D.'s, and in consequence the depreciation of their training and skilled work."

GOVERNMENT BY CONSENT.

All free men are politically governed by consent, otherwise they would be serfs. These citizens then take power by co-operation to compel the State to protect their economic condition and their educational technique. Thus free men rightly exercise personal responsibility in the body politic, and gain not only material advantage, but what is far more essential—the right to act according to their reasoned convictions.

Women do not count in politics; they have no vote; they are therefore politically dumb, and governed without consent. This deprivation of citizenship is deeply resented by thoughtful women. They are serfs, and no amount of silly platitudes will convince them to the contrary.

No class of skilled women workers have realised their political disabilities more poignantly than the Trained Nurses of the United Kingdom. For a quarter of a century they have worked, pleaded, and paid for Legal Status on a self-governing basis, and by evasion and subterfuge they have been refused their right to self-government through an Act of Parliament, by the influence of those who employ their services.

But step by step they have by their labour and earnest conviction convinced the liberal-minded members of the medical profession, thoughtful women in co-operation, the just-minded members of the public generally, the House of Lords, and the overwhelming majority of the House of Commons, that their skilled work is of national value, and that they deserve their Professional Enfranchisement—that is, that the Nurses' Registration Bill, providing for an elected body of professional persons to regulate their Qualifications and Registration—that is, a Nursing Council to govern the Nursing Profession as the General Medical Council (empowered by the Medical Acts) governs the Medical Profession—is urgently required to protect both the public and Trained Nurses, and that such a beneficial measure should be passed into law.

A BOLT FROM THE BLUE.

Then, in spite of this consensus of considered opinion, what happens?

Without any request from the organized members of the Nursing Profession whose convictions have convinced the proletariat, and who have, indeed, protested strongly by resolution against their proposal, seven laymen, who know nothing about nursing conditions or

nurses' organizations, form themselves into a Limited Liability Company to **Govern the Nursing Profession**. Knowing the strong objections to their proposal, these gentlemen dare not apply to the Board of Trade to omit the word "limited," thus obtaining the status of a non-trading Company, because they feared the reasoned objections which the organized nurses' Societies were prepared to make against the Memorandum and Articles of Association of the College of Nursing, Ltd., objections which defeated the Scheme in 1905. The seven laymen then proceeded to **nominate** a Council of Management for the Nursing Profession, composed almost entirely of hospital officials, which can re-nominate itself for election for time immemorial. This is called Self-Government for the profession by these lay Governors of the profession! Such a Constitution, autocratic and pernicious to the highest degree, means Government without Consent, and I for one do not intend to be governed professionally by any Limited Liability Company of Laymen and their nominees.

This College of Nursing Company, Ltd., deprives the nursing profession as a whole of any power of self-government whatever. It means coercion for its members by hospital committees and hospital officials; it means professional and personal degradation and subjection—and we will not submit to it.

We are glad to know there are hundreds of trained nurses who realise the danger of this Nursing College Constitution, which would be grotesque if it were not an outrage to the intelligence and conscience of every convinced State Registrationist.

We have got to be very firm at this crisis. The best interests of the sick public, of intelligent trained nurses to-day and in the future, and of the medical profession, are all at stake in this question. We are going to fight for those interests **now**, and in the future, as we have done in the past, and we are going to ask all courageous nurses, women, and medical men to support our righteous cause.

THE SOUL AND SPIRIT OF NURSING.

Much more is at stake than the material welfare of the nursing profession—the very Soul and Spirit of Nursing are at stake; we are going to keep the Soul and Spirit of our work alive.

THE ONLY WAY.

The State must deal justly with Trained Nurses. Their work at all times, and especially during this heart-breaking war, is of the greatest national value. The State must be made to appreciate and reward that work.

Our Registration Bill must be passed as a War Measure. The State must grant the protected title of "Registered Nurse" to every qualified trained nurse, not only as her reward, but as her right, so that she shall be distinguished from untrained nurses.

These are our terms. Otherwise the most strenuous and determined fight for liberty of conscience that we can put up.

ETHEL G. FENWICK.

APPOINTMENTS.

MATRON.

Newark Hospital, Newark.—Miss Katie Warburton has been appointed Matron. She was trained at the General Hospital, Birmingham, and has been Matron of the Corbett Hospital, Stourbridge, and Matron of a private hospital in Birmingham.

SISTER.

Western Hospital, Seagrave Road, Fulham, S.W.—Miss Mabel Isabel Chinn has been appointed Sister. She was trained at the Royal Infirmary, Sheffield, and has had two years' fever training at the Western Hospital, M.A.B.

Royal South Bants and Southampton Hospital.—Miss Nellie E. Duncombe has been appointed Theatre Sister. She was trained in the same hospital and holds the certificate of the Incorporated Society of Trained Masseuses.

Royal Hospital for Sick Children, Edinburgh.—Miss Gertrude Conolly has been appointed Sister. She was trained at Oldham Royal Infirmary, and Carr-Gate Hospital, Wakefield. She has been Night Sister at the Edinburgh Hospital for Women and Children, and has done War work in Egypt and on H.M. hospital ship *Scillia*.

Ham Green Sanatorium and Hospital, Bristol.—Miss Marie Gregory has been appointed Sister. She was trained at the Meath Hospital, Dublin; and has worked on the staff of the Dublin Red Cross Hospital.

City Hospital for Infectious Diseases, Newcastle-on-Tyne.—Miss M. J. Porteous has been appointed Sister. She was trained at St. Olave's Infirmary, Rotherhithe, and at the General Lying-in Hospital, York Road, Lambeth. She has also had experience of infectious and private nursing.

NIGHT SISTER.

Cameron Hospital, West Hartlepool.—Miss H. L. Allan has been appointed Night Sister. She was trained at the Linthorpe Infirmary, Middlesbrough, and has worked as a member of the Territorial Force Nursing Service at Manchester.

HEALTH VISITOR.

County Borough of Barnsley.—Miss Jennie Davis has been appointed Health Visitor. She was trained at King Edward VII. Hospital, Cardiff; and has been Health Visitor and School Nurse at Luton, Beds.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Kate Bradley has been appointed a Nursing Sister in Queen Alexandra's Military Nursing Service for India.

THE ROYAL RED CROSS.

The King held a Council on Wednesday, April 19th, when he presented the Royal Red Cross (First Class) to Miss Edith Ward, Sister, Queen Alexandra's Imperial Military Nursing Service Reserve.

THE ORDER OF ST. SAVA.

The Crown Prince of Serbia has conferred on Lady Cowdray and on Mrs. Kinnell the Order of St. Sava (Fourth Class) for services in connection with the Scottish Women's Hospital, and Lady Grogan has received the Third Class of the same Order.

The Serbian Cross of Misericorde has been conferred upon Miss Beatrice Greig for services rendered by her in the Serbian Relief Fund.

NURSES' EXAMINATIONS AT BARTS.

THIRD YEAR EXAMINATION, APRIL, 1916.—1, Misses A. Forster (Gold Medallist); 2, C. M. Douthwaite; 3, D. A. Coplestone; 4, S. A. Backhouse; 5, K. H. Jones; equal 6, M. E. Redman and M. Routledge; 7, G. M. Rainey; 8, L. I. Sykes; 9, E. F. Mayman; 10, D. E. Markham; 11, D. Marshall; 12, A. E. Garland; 13, L. M. Bond; 14, M. D. Connor; 15, D. F. Vidal; 16, D. France; 17, L. M. C. Platten; 18, E. L. Sinclair; 19, M. E. Housden; 20, E. A. Pearson; 21, E. M. Rayner; 22, E. M. Hughes; 23, M. F. Perry; 24, M. E. Barr; 25, I. McAlister Brown.

FIRST YEAR EXAMINATION.—Miss Z. French (Prize of Books).

PRIZES.

The following prizes were awarded at the ninth annual distribution of prizes to probationer nurses at the Islington Infirmary, Highgate Hill:—

Smalley Prizes.—First prize, Jeannie C. Darien and Phyllis Parcell; second, Ida M. Johns; third, Ethel Caswell.

Leonard Marshall Prizes.—First prize, Gertrude Thomsett; second, Elsie E. Worvell; third, Winifred Warren.

Medical Superintendent's Prize for First Year Probationers.—Emily Law.

OUR ROLL OF HONOUR.

In the Roll of Honour, under the officers' casualties, on Monday last, appeared the name of Sister S. E. Butler, of Queen Alexandra's Imperial Military Nursing Service, adding one more to the growing list of those nurses who have laid down their lives during the War for King and country.

SHAKESPEARE'S DAY.

"Other poets have won an hour of triumph, a period of praise, a pedestal's honour, but Shakespeare stands alone in glorious isolation on the shining pinnacle of an unapproachable and solitary rock for all people and for all time."—*Sir J. Forbes Robertson.*

NURSING ECHOES.

Congratulations to the Victoria and Queen's Victoria District Nursing Association. At the recent meeting held in the Town Hall, Miss Mather, presiding in the absence of the Lord Mayor, proposed the adoption of the report, and congratulated the Association on having been able to continue the work despite the great difficulties with which they had to contend. She was pleased that the committee had seen their way to increase the remuneration of the nurses. The nursing profession had not hitherto been adequately remunerated.

Indeed they have not, and it should be a *sine qua non* that "Queen's Nurses" should enjoy a salary of not less than £1 a week. It is impossible for them to save on less, and they have no pensions. Let us hope that after the war these most invaluable social workers may receive the financial recognition they deserve. It is time the public realised that the Queen's Nurses are truly a national asset, and treated them justly, if not with generosity.

In response to an advertisement for a woman inspector of massage establishments and employment agencies at a commencing salary of £120 per annum, the London County Council has received hundreds of applications, the applicants ranging from women with university honours to those hitherto engaged in domestic work, but who felt competent to take the post. One candidly owned that she knew nothing of the "trade" of massage inspector, but was willing to learn it.

It is pitiable to hear of hundreds of women willing to take such responsible work at such poor pay. Many untrained persons employed by the County Council are paid much higher salaries. Surely there must be something wrong in such a system.

We know that the purses of trained nurses are slender, and that there are innumerable calls upon them, but nevertheless those members of their own profession who, through no fault of their own, have fallen upon evil times, have a very special claim, and we therefore wish to bring to their notice the peculiarly sad case of one of their colleagues, a fully trained nurse, who at the age of 57 can earn nothing owing to defective eyesight. More than two years ago her right eye was operated on to save the left; her small income of 10s. per week is infinitesimal to cover the cost of rent, coal, maintenance, and incidental expenses. If her general health can be main-

tained, Sir Anderson Crichtett hopes that she may retain the little sight she has left, and it is therefore particularly pathetic that she should write:—"I do not owe a penny, never get what I can't pay for, and I look round my little things to see what I can sell, but have nothing of any value. I do want to retain my bit of sight, and Sir A. Crichtett said it all depended upon my bodily strength, but some days I want and could eat more than I can afford. I have many blessings, but of course my life is rather lonely not being able to work. I would earn if I could, but people want you to see, don't they?"

We have made enquiries about this case, and the Rector of Leigh-on-Sea writes that he knows the nurse "very well indeed, and can thoroughly recommend her for assistance. Her present condition is entirely due to her misfortune in losing her sight. She has worked hard and well until compelled to give up, and indeed she ought to have done so years ago had she only to consult her health, but her circumstances did not allow of it."

A lady who has known the nurse for about nine years, and who was formerly a hospital nurse, also writes that any help given her "would be indeed money well bestowed."

Perhaps some nurses may be able to interest patients grateful for the care they have received from trained nurses in this sad case. We shall be glad to acknowledge and forward to her any donations sent us on her behalf. We feel sure that gifts in kind would also be acceptable, and if anyone desires to send these to her regularly, we would give her name and address.

In our issue of March 4th appeared an article on "Babies' Camps" signed by H. H., initials which the readers of this JOURNAL know indicate Miss Henrietta Hawkins, whose wide experience as Hospital Sister, Matron, and Poor Law Guardian, and keen human sympathy, combined with literary ability, give exceptional weight to the opinions therein expressed. Last week our letter bag brought us an interesting comment from a reader and correspondent in Italy, who writes:—"I have seen no correspondence on the article on 'Babies' Camps.' It struck me as important. Babies are, and will be more than ever, important: *idem* morality, *idem* health. Experience has proved to me that babies reared in city homes (especially if 'bottle' ones) have small chance of health. Also that the greatest factor in redeeming 'girl mothers' is *keeping the babe*. In all our maternities the girl (or woman) who puts her first child among the foundlings returns for other births in the large majority of cases;

whilst a Home *only* for girl mothers (never accept for second birth) in Rome saves a large majority by aiding them to keep the infant, and not to add to the first sin (often not premeditated) the second one of abandoning the child.

Knowing no one who might take up the matter (though there *must* be people left desolate who might find consolation in working out some such scheme with their money and influence), the idea came that the Bishop of London might know the way, and I sent him the article. I enclose answer."

The Bishop's Secretary wrote thanking our correspondent in his name for her letter and enclosure, which he had read with much interest, and saying that he had consulted a friend of his who was very experienced in the matter which she had laid before him, and enclosing her reply.

The Bishop's correspondent replied:—"Apart from the open-air bit of the scheme, the idea has already been carried out in at least one Home, which I have heard something of. . . . They are teaching the girls upholstery, housewifery, and gardening, so that it is quite on the lines that the author of the 'Babies' Camps' suggests. Personally, I think it would be a very good thing if more of these Homes were started if one could secure the right people to run them."

Visions rise in one's mind of colonies such as that at Duxhurst, which under "the right person" is doing such wonderful redemptive work amongst the victims of inebriety, and of Lord Mayor Treloar's Hospital for children crippled with tubercular disease on the breezy downs at Alton. The latter is housed in huts which originally formed the "Absent-minded Beggar Hospital," which, with its complete equipment, was made over to the trustees by the War Office after the South African War. To what better purpose could some of the numerous temporary hospitals in various parts of the country be put at the conclusion of the present war than in providing homes for mothers and babies on lines at once sympathetic and practical? Here is work for the Church Army. If carefully organized, such homes should be largely, if not entirely, self-supporting.

Messrs. G. P. Putnam's Sons have published in booklet form "The Case of Edith Cavell—A Study of the Rights of Non-Combatants," by Mr. James M. Beck, former Assistant Attorney-General of the United States, which is a reply to Dr. Albert Zimmermann, Germany's Under-Secretary for Foreign Affairs. The cost of the booklet, which is reprinted from the *New York Times*, is 6d.

PRACTICAL POINTS.

Surgeon's Seamless Arm Stocking.

Under the above title Messrs. Sharp & Smith, of Chicago, have recently put on the market a seamless garment, which has at once become popular with the surgeons who have had an opportunity to give it a trial, because it has such a wide field of usefulness in the doctor's office as well as the hospital operating room.

It is well known how difficult it is to apply a cotton or gauze bandage smoothly and evenly to serve as a protection to the skin under a plaster-of-Paris cast. With this stocking, however, a smooth surface is secured, and proper apposition of the fractured bones is facilitated; the comfort of the patient is also made more certain because the proper shape of the garment prevents wrinkling which occurs sometimes even when the well-known tubular material (stockinet) is used for this purpose.

The value of its use in the operating room will be at once apparent when the garment is drawn over the bare arm and the rubber glove drawn over the lower cuff. It affords the operator



SEAMLESS ARM STOCKING.

complete protection, and is much superior to the long-sleeved gown or detached sleeves, which have to be fastened with safety-pins, &c.

For office gynecological work, in obstetric work or applying dressings in the homes of patients, it will be found equally valuable as a protective and a time-saver. There are many other occasions on which this device can be used to great advantage, such as holding dressings in place on the arm or leg, which, as a rule, cannot be held securely for any length of time without resorting to the use of adhesive strips, which are rather uncomfortable at times. Their value in emergency and field work will be appreciated, as they can always be kept on hand in a sterilized condition. Inasmuch as the first cost is inconsiderable, and as they can be resterilized and used many times over, they seem, says the *Modern Hospital*, which publishes this note, very desirable from the standpoint of economy.

The stockings are made in three lengths—13 in., 16 in., and 20 in. long—and can be secured at surgical supply houses.

In the last three years, among five thousand children born at the Maternity Hospital at Basel, there has not been one death from infection of the umbilicus. The method relied upon was cutting the cord short and applying Balsam of Peru.

BOOK OF THE WEEK.

"THE DAUGHTER PAYS."

Mrs. Baillie Reynolds' large circle of admirers will welcome this latest work from her pen.

It deals with the subject of the former admirer of a vain, pretty mother, transferring his affections to her pretty daughter. The mother had many years before thrown him over to make a more advantageous match, and her treatment of him had soured the man's whole nature. Virginia's likeness to her mother had first attracted his attention in a casual encounter at a picture exhibition, and he then deliberately made up his mind to marry her, and to punish her practically for her likeness to his former faithless love.

Virginia is constrained to accept him, as the only escape from circumstances which had become so straitened as to be almost impossible.

His procedure was quite novel in Virginia's case. "Then we are engaged," he cried, "I am such a crusty old provincial bachelor that I did not provide for this occasion before I left town by the purchase of a ring. But I see upon your mother's finger a jewel which, if I mistake not, belongs to me." He approached the sofa with hand outstretched. "Thank you, madam. It seems to be a most touching idea that the mother and daughter should wear the same betrothal ring."

This eccentric individual insisted on the marriage taking place a week after their betrothal. From the moment of their marriage he treated her with a hectoring and bullying manner, but poor Virginia had no idea of his real motive in marrying her.

Her gentleness and obedience to his wishes left him no ground for any complaint which was annoying, but the cynical unkindness from the man she was prepared to love naturally estranged her, and on the contrary her sweetness aroused in him a passionate love which he was too stubborn and proud to show.

His mode of dealing with his wife was certainly most repellent, and the girl shrank and languished under it, and anxiety for her health made his manners all the more brutal.

"Great Scott," he stormed at her maid. "What do you suppose you are here for but to look to your mistress's things and see she has all she wants. The moment you have finished dressing her sit down and write to London for fur coats, sable, seal—whatever she prefers, or, perhaps I had better do it if you seem so incompetent." He turned fiercely to Virginia whom sheer surprise had caused to sit up and stare. "You shall have a coat immediately if I have to go to London for it myself," he stormed.

Her expression stopped his words in mid-flow. "Stop, stop—you must stop," she cried piercingly, "or I don't know what will happen! You think a woman is a thing you can beat, swear at, insult

and then appease with presents. Didn't I tell you I will have no gifts from you? I'll bear your unkindness, but I won't take your presents. If you could understand—oh, how can I make you understand?"

Things were in a very bad way between them till he nearly loses his life in saving a man from a very dangerous position.

It is asking rather much of the reader to believe that this most unpleasant person could be transformed into a tender, considerate, even adoring husband, but we are told it did happen so we must leave it at that.

"What have you done to me, Virgie?" he whispered.

"Turned the beast into a Prince that's all," she laughed, her cheek close pressed to his.

Plenty of romance here for those so inclined and we can recommend it as a relief from the grim realities of the present time.

H. H.

FINISHED.

A soldier's cross stood in the corn,
A simple cross as one might see;
Bethought me of that other morn
That broke o'er barren Calvary.

And of the word the Christ had cried
When His long agony was done;
The "It is finished!" when He died
And His redeeming work begun.

And of the kings have warred and reigned
Since Jesu died, the King of Men,
And of the blood that earth hath stained,
And of the streams must flow again.

And in the soldier's sacrifice,
I saw the Christ's in its degree;
A sinful life—let it suffice,
He laid it down for you and me.

For one a little cross of deal,
For One the Age-Enduring Tree;
Yet each frail, faltering flesh did feel
In hands and feet the wounding steel;
Each died that mankind might be free,
Each gave a life for you and me.

"Ballads of Battle,"

By LANCE-CORPORAL JOSEPH LEE.

COMING EVENTS.

April 29th.—Meeting Executive Committee Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W., 4.30 p.m.

May 17th.—Asylum Workers' Association. Annual Meeting. Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W. Sir John Jardine, Bart., K.C.I.E., M.P., in the chair. 3 p.m.

A WORD FOR THE WEEK.

About the woodland I will go
To see the cherry hung with snow.

*By Mrs. Baillie Reynolds. Cassell & Co. London.

LETTERS TO THE EDITOR.

Having carefully read the communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

INFORMATION REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I see that the Council of the College of Nursing are inviting applications from certificated Nurses for the duties of Secretary, at a salary of £250 per annum.

As this is a voluntary scheme, organised by people almost entirely unknown in the professional nursing world, I have been asked by several nurses where the funds for this position are derived from? Also, what security of tenure of office attaches to it? If you can give me any information on these points I shall be glad to hand it on.

Personally, I prefer to have my profession legally organised, having wasted several precious guineas upon a voluntary scheme in the past.

I am, Madam,

Yours faithfully,

ELEANOR FARRINGTON,

Sister.

County of London War Hospital, Epsom.

[We advise you to write to Sir Cooper Perry, Hon. Secretary, College of Nursing, Ltd., 83, Pall Mall, London, S.W., for the information you require. We presume the nurses who pay for voluntary registration will pay.—Ep.]

A STATE PROTECTED TITLE IMPERATIVE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A medical man practising in the West of England not long since, received a visit from a young woman in a very smart and becoming uniform. The purport of her visit was to ask his support in procuring private cases. He at once made enquiries as to her training school and she gave the name of a leading London Hospital, which chanced to be his own. Without disclosing this fact, he further questioned her, and found her absolutely ignorant of the vicinity of the Hospital, the names of the staff or even of the ward of which she represented herself to have been staff nurse. He told her that if she would return the following day, bringing her certificates he would consider the matter. These, she said, she usually carried in her tool bag, but on this occasion they were left behind. Needless to say he has never seen her since, but he heard that previously she had been successful in obtaining work among neighbouring practitioners. The police, further afield, had been looking out for a light fingered "nurse" who had obtained entry to houses, and had left her patients poorer by more than her fees. Here is another argument for

State Registration and the protection of the public.

The medical man in question is a subscriber to the Journal, and is thus more on the alert as to bogus nurses than many of his colleagues.

Yours faithfully,

POOR LAW GUARDIAN.

THE REMUNERATION OF MIDWIVES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your report of the proceedings at the Penal Session of the Midwives Board in your last issue gives one pause for thought. The defence of one midwife, and a very good defence too, in reply to a charge of having failed to take the necessary appliances to a case, was that she started out with these appliances, but that on a wild snowy night she had to go four miles on her bicycle, and was evidently so buffeted by the blizzard that she arrived at her destination without them.

Only those who know by experience what these journeys through the bitter night wind mean, when a storm is raging, can appreciate the situation, but I should like to point out to the public who lie snugly in their beds while midwives are battling with wind and storm, in order to attend their patients, and who think them highly paid at 10s. 6d. a case, that this journey would have to be performed at least 10 times before the midwife had carried out the requirements of the Central Midwives Board.

To go eighty miles through wind and storm, to take the responsibility of delivering the patient, to attend to the comfort of mother and infant for ten days subsequently—well, opinions differ, but 10s. 6d. or even double that amount can scarcely be considered excessive remuneration, and yet many people wonder why so many of the women, who are certified midwives, do not practise midwifery!

Yours faithfully,

CERTIFIED MIDWIFE.

OUR PRIZE COMPETITIONS.

May 6th.—Mention some of the different agents employed in applying counter-irritation, and describe the methods of their application.

May 13th.—Mention some of the causes which may delay delivery in childbirth, and the course you would adopt to assist the patient in each case.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Friday, April 28th and May 5th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

The Midwife.

PUERPERAL SEPSIS.*

By J. THOMAS BASS, M.D., F.R.S. (London).

(Abridged.)

The sepsis of the puerperal woman is due to the same causes which daily give rise to a similar condition in any patient, and for its production three things are necessary—the micro-organisms or germs which produce it, which we may call the seeds of the disease, then the tissues which receive the germs, and finally the way in which the germs are introduced into the tissues. In the greater number of cases, the causal agents are strepto-cocci, which, under the microscope, are seen to be grouped in twos and fours and long chains, the germs being arranged in Indian file; while cases may arise from the colon bacillus, which swarms within the bowel, or from the bacillus of diphtheria, of pneumonia, and from some others. The parturient woman offers a very suitable soil for the multiplication of these germs. Changes have taken place in the blood, and it contains waste material derived from the fetus and from the genital organs while they are going back to their normal condition. The blood vessels and lymphatics in the pelvis are increased in size, and the nervous system is more than usually irritable. The external orifices are always infected with germs, and the lower part of the vagina contains large numbers, which, fortunately, are not always of a virulent nature. The uterus itself under normal conditions is sterile, as also are the Fallopian tubes. During labour the liquor amnii in the course of its discharge from the uterus washes away matter from the vagina; and this removal is further effected by the passage of the fetus and of the afterbirth, which at the end of the labour acts very much as a large sponge.

The germs may be received in any part of the genital system, through a tear in the perineum or the vaginal wall, especially when the labour has been long and tedious and the pressure of the foetal head has produced a certain amount of bruising, which renders the tissues more susceptible to infection, or through a laceration in the cervix caused by the passing of the fetus through it, but most frequently the site of infection is where the placenta has been. Here it is to be found a large wound, the orifices of the blood vessels and lymphatics not thoroughly closed, and opening on to a cavity—that of the uterus, which is poorly drained, and always contains for the first few days after childbirth more or less blood clot.

From these sites the infection may spread to the tubes, to the peritoneum, or the broad ligaments, and may cause a phlebitis in the surround-

ing veins, or passing into the blood stream may give rise to general infection or septicæmia, which may affect all the organs of the body. We may have a septic intoxication in which a single dose of poison is received into the body, a septic infection in which the germs and their poisons go on increasing in number and virulence, or even pyæmia with the formation of abscesses in various parts.

The germs in most cases of puerperal sepsis are introduced into the tissues from without, either in the course of labour or after it, the liability to infection decreasing daily. It has been questioned if self-infection is possible in the case of a lying-in woman, but that this is so is admitted, although acknowledged to be rare.

We must ensure, in order not to run any risks unnecessarily, as complete a sterilisation as possible of hands and instruments; unfortunately, the hands are always contaminated with germs, and their complete removal is impracticable. But enough can be done by the nurse to render her hands sufficiently clean for attendance with safety at a labour. The skin should be kept free from roughness, for a rough skin harbours many germs, and the scales are apt to become detached, and may carry infection. The nails should be kept short, and all tags of skin at their bases removed; while the use of the nail brush should prevent them from ever being "in mourning."

All instruments and glass or rubber appliances should be sterilised by boiling, and one of the many portable sterilisers is a useful addition to the nurse's outfit. The prospective patient should be advised to wash the external parts with soap and water daily at least for some time before delivery is expected, and when it has commenced the nurse should do it thoroughly, and then swab them with an antiseptic solution, and this should be repeated after every examination. Great attention should be paid to the anal region which should be thoroughly washed, especially after the passage of any fecal matter, though this should not occur if, as should always be done, an enema is administered early in the course of the labour.

A douche is not to be used in a normal labour nor after a forceps delivery unless there be some special reason for so doing, but after the introduction of the hand into the uterus it is advisable to give a good hot antiseptic douche.

The best preventive of puerperal sepsis is to secure a thorough contraction of the uterus, which lessens the probability of any absorption and the complete removal of all fragments of placenta or membranes, and also as far as possible of all clots. These after a time decompose, forming favourable media for the growth of germs and also prevent the proper involution

*From the *South African Nursing Record*.

of the uterus. Drainage of the uterus is facilitated by allowing the patient to spend a portion of each day sitting up in bed by which any collection of lochia in the vagina is prevented.

With the nurse will rest the responsibility of the recognition of the first symptoms of puerperal sepsis, which may come on almost at once after the confinement, or may not show themselves for a week or more; the greater number of cases, however, develop on the third day. As a rule the earlier the symptoms the more serious is the case.

A sudden rise of temperature should at once raise suspicion in the nurse's mind, especially if it go over 101 deg., and remain high both at night and morning. A slight rise of temperature which soon falls is of common occurrence, and is of no importance, but a continuous high temperature is of ill omen. A rise may be associated with constipation or with the flow of milk into the breasts, but does not last any length of time. A rigor, during which the thermometer may mark 103 deg. or more is sometimes the first sign of a bad attack of sepsis.

The pulse increases in rapidity, and beginning at 120 per minute becomes uncountable if the disease progresses to a fatal termination. The patient in some cases has an appearance of great pallor with sunken features, and an anxious expression; in others the face is flushed and the sick woman complains but little of her condition.

The lochia are sometimes entirely suppressed, in other cases they become very offensive in smell, or may even apparently have undergone no change. Slight offensiveness with a slight rise of temperature is not uncommon, and as a rule is soon rectified by the use of a vaginal douche.

The flow of milk, which has probably just commenced, is checked, and may disappear entirely, the head aches constantly, sleeplessness comes on accompanied with restlessness, the tongue is furred and afterwards becomes dry. There is great thirst, often vomiting, abdominal tenderness, much muscular weakness, and sighing respiration. The urine is scanty and loaded with urates, and either diarrhoea or obstinate constipation is present.

The lesions of the varied forms of the disease comprise sloughing and softening of the uterine and vaginal walls, thrombi or clots in the adjoining veins, cloudy degeneration of the heart muscle, involvement of liver, spleen and kidneys, infarcts, that is, portions of clot carried from the veins into the lungs; pleurisy, pericarditis, and either a general or a localised peritonitis.

The treatment of the disease is both local and constitutional. In exactly the same way as in other parts of the body we endeavour to remove all sources of infection, all breeding grounds of germs and manufactories of poison, so do we in cases of puerperal sepsis. This must be done as soon as there is a reasonable probability, judging from the symptoms, of infection having taken place, if benefit is to result. The patient is anaesthetised

and a thorough digital examination is made of the uterine cavity with a view to detect the presence of a portion of placenta, of a large clot or of a piece of the membranes. Removal of this, and a gentle irrigation with a disinfectant or a swabbing out with a cotton-wool covered probe soaked in Izal will probably remove the cause of the sepsis, and the effect will cease.

A most important part of the treatment is the administration of a liberal amount of nourishment—often a very difficult matter. The food should be fluid, and while easily digestible should be of a nourishing nature. Milk, eggs, broth, beef tea, soups, tea with plenty of milk in it, should be given every two hours in as great variety as possible. Orange or lemon water should be taken ad lib. to relieve the thirst, and at the same time the more fluid is taken the greater amount of the toxin is washed out of the body. If there be inability to retain the food nutrient, enemata may tide the patient over a critical period.

The patient should be kept in a semi-recumbent position as this will facilitate drainage from the uterus. As in all septic conditions great attention should be paid to the patient's back in order to prevent bed-sores. Sponging if the temperature continue above 103 deg. will give relief. The nurse must be careful with regard to all soiled linen to see that it is properly disinfected, and that all swabs, &c., after being used, are burnt. The discharges in these cases are terribly poisonous and infective, and serious consequences have happened to many nurses who through pricking themselves with a pin which they were using to fasten a bandage on the patient, or through some cut or abrasion of the skin have introduced the toxin and the germs into themselves.

A PATHETIC BUNDLE.

A small bundle of tiny clothes, neatly folded, little petticoats fashioned and laundered by tender mother hands. Frock and "pinny." Little woolly jacket. Gay shoulder ribbons bearing the creases of the bows. A soft baby bonnet with the impress of the downy head upon it. What is there in this little bundle that brings a lump in the throat and tears to the eyes. What is the dumb appeal it makes? It was a Sister in a poor neighbourhood, who took them out of a cupboard, where the clothes for distribution are kept. She fingered them reverently and gently. "These," she said, "belonged to a little baby who was killed in an air raid. It was an only child, and her mother has sent them for some other woman's baby."

INFANT MORTALITY.

Mr. Long gives the following figures as to the deaths of children under one year in England and Wales:—

| | | | |
|------------------------|----------|----|--------|
| Six months ended March | 31, 1913 | .. | 47,274 |
| " " " " | 31, 1914 | .. | 48,965 |
| " " " " | 31, 1915 | .. | 50,219 |
| " " " " | 31, 1916 | .. | 41,971 |

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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EDITED BY MRS BEDFORD FENWICK

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EDITORIAL.

NERVE STRAIN.

We suppose there are few people in the United Kingdom who do not wish to be of use at the present time, there are many who are disturbed because indifferent health, or other conditions, prevent their undertaking regular work as munition workers, on the land, in canteens, or in the multitude of other ways that women are serving their country.

One way in which practical service may be rendered has recently forced itself on our attention. Hundreds of soldiers return from the front on a few weeks' leave, with nerves jangled by the terrible experience of exposure in the firing line to imminent death, to the roar of the guns, and the strain of bombardment. One soldier recently wrote home of a bombardment:—

"I want to forget those days and nights; my hands often bloody, and I saw many a man killed, or watched him die. It seems now but a nightmare. Several comrades of mine are in 'blighty' with shell shock and shattered nerves; war lovers should see some of these cases when they are here, and then you see some of the horror, the awful madness, and torture of war's worst. . . .

"Sir John French in his long report remarked that in his visits to most of the field hospitals, &c., the optimism of the wounded was remarkable. It is not. What is remarkably, wonderfully impressive is the self-control of many men under a bombardment—the grand self-restraint, the heroic self-pride that keeps you (some of you) calm and steady in the won't-give-in spirit, the won't appear frightened resolve—that's what saves the line. It's awfully testing to be right up to death time after time. The concussion is enough to kill you if you are close enough. H.E. is awful stuff

when it explodes; one's inside gets an awful lift. After a series of such strains one jumps at the crack of a rifle, and the ping, pong of a bullet, and bombs are then as loud as shells. Yes, 'tis the afterwards, too. You don't look much different, I suppose, but if you have a few months of such liveliness—and we have had a fair all round experience—one's nerves are far different from what they were in Angleterre. One good thing is, I have (I now know) quite strong nerves, and was able to do, as much as was possible, my duty."

Many of the men who are comporting themselves as heroes in France and elsewhere have not been trained to soldiery as their work in life. They are those who to serve their country in its need have laid down the pen in the office, have left the farm, and the quiet countryside, and on the other side of the Channel have descended into hell. We know them well. We taught them perhaps in our Sunday School classes, or met them daily in the ordinary business of life.

When these lads return home on leave, for the rest they have so well earned, we have our opportunity. Let us help them to forget. During the brief weeks they spend at home let us so far as is in our power surround them with an atmosphere of rest, let us make their lives easy and pleasant where we can—not with the rest which enervates, but that which will comfort and fortify them, before they return to face not the unknown, but a far harder thing—war, as they now know it, with all its horrors.

There are many men uncomplaining, reserved, who are not hospital cases, who yet need all the warmth with which friendship can surround them, and the strength which faith can give them, to rest their souls and fortify their nerves. Let us be watchful lest we miss any opportunity of giving them such help as we may.

ABNORMAL CHILDREN.*

In a book having the above title Dr. Bernard Hollander deals in a most interesting and suggestive way with Nervous, Mischievous, Precocious, and Backward Children. It is stated on the title page that it is a book for "parents, teachers, and medical officers of schools." To these we may certainly add trained nurses, who are constantly brought into close touch with such children, and often have charge of them.

In his preface Dr. Hollander points out that the greatest event in the life of parents happens when a child is born to them. Their prayers go forth that he may prove a worthy successor, handsome in appearance, brilliant in intellect, and great in character, or, if a daughter, that she may be endowed with all the female graces and virtues.

Alas! often within an hour, week, month, or year, though sometimes not until he is nearly grown up, he is the cause of great anxiety, not on account of temporary ailments, but because he or she is not like other children. A child may be born diseased, he may suffer at birth from a deficiency of brain, he may be late in development, he may acquire various disorders; certain diseases may arrest the growth of the brain or disturb its functions; or he may grow up normally, and even give promise of a brilliant future, yet, as he approaches adolescence, he may manifest mental unrest and peculiar conduct.

The book deals not merely with the subnormal child—the idiot, imbecile, feeble-minded, and backward; but also with the

* Kegan Paul, Trench, Trübner & Co., Ltd.
3s. 6d. net.

supernormal—the precocious and the talented child. Dr. Hollander contends that were as much attention devoted to the supernormal child as is already devoted to the subnormal—to the discovery of hidden talents as much as

to mental defect,—were special instruction provided in accordance with the individual aptitudes for children of unusual in-born ability, as is now provided for the mentally deficient, and were thus the right kind of man always trained for the right kind of work, the prosperity of the State would be vastly increased, and the individual himself rendered most happy.

It is Dr. Hollander's hope that the book will convince its readers that the "education of children is a problem not for parents and teachers only, but that the co-operation of the medical psychologist is an absolute necessity.

It is for the physician to note in their earliest stage the symptoms which should put parents on their guard, to point out the causes of brain and mind failure, to show how to counteract the effects of evil heredity, bad environment, and disease, to advise what precautions can be taken, how to bring up such children, and what careers to choose for them in order to fit their capacities."

"According to official statistics, one person in 266 is of unsound mind, and at least one in 217 of the population is mentally defective. . . . In addition, over 3,000 cases of young persons of both sexes under the age of twenty years are registered as becoming insane every year in England and Wales, and insanity at this age, according to the Lunacy Commissioners' reports, is on the increase.

"Heredity," says Dr. Hollander, "is by far



MICROCEPHALIC IDIOT.



MODERATE HYDROCEPHALUS.

Fairly sharp boy, but addicted to lying and stealing.

the most potent predisposing cause of nervous and mental diseases. It commonly underlies all other causes. Without it there would be little degeneracy in the world. If all hereditary tendencies to mental and nervous unsoundness and defects could be counteracted, humanity might breathe freely. It must be understood, however, that it is not any special nervous or mental defect or disturbance that is inherited, but that it is either a general defect of brain nutrition, or an instability of working in the higher nerve cells—in fact, an unstable nervous system."

THE LEGACY OF PRECEDING GENERATIONS.

As children inherit the outward bodily configuration of their parents, and the more hidden weakness of certain organs, so moral dispositions and tendencies may descend from father to son. "The majority of parents," we read, "are surprised when they find defects of character in their children not due either to force of example or faults of education, and want to know where they come from. Parents ought to know that the faults which they detect in their children depend on their native mentality, and that there is nothing innate within them that is not the legacy of preceding generations. When they discover in their children some intellectual or moral blemishes, they need not go far afield in looking for the causes. If they examine their own character, that of their father and mother, and of their grandparents, they are almost sure to find the germ of fatal tendencies."

Dr. Hollander thinks that while it is possible that when only one parent is unstable their child may escape, that the offspring seldom escapes the taint when both parents are unstable. He considers recurrent insanity a very grave danger, and that it is positively criminal to withhold the

fact of a girl having once been insane from a man about to propose marriage. But it is done by parents, or the history of the attack minimized; some people even think that marriage may effect a cure.

As a matter of fact, the danger of a relapse is very great, for the woman has to face the trying periods of child-bearing. His advice on this subject has, he says, often been asked, but not always followed. The misfortune is that most tainted people get engaged first, and ask medical advice after having made an ill-judged selection, and that is the real reason why such advice is so seldom followed.

The instability of parents may lead to abnormalities varying from idiocy and imbecility to feeble-mindedness and backwardness. In idiocy the development of the brain is permanently

arrested at the stage of infancy or *in fact*, at a later stage imbecility, and still later feebleness of mind.

Pathologically various types of idiots are differentiated. There are children with heads too small for normal intelligence, termed microcephalics; and others with heads larger than the normal size, termed macrocephalics. Amongst these is a particular form consequent upon an inflammatory process terminating in hydrocephalus, a condition in which the brain is distended by an excessive accumulation of the cerebro-spinal fluid, and the skull in consequence becomes huge and of a globular form. The illustrations reproduced on page 394 show the microcephalic and the macrocephalic child. In the latter case, one

of moderate hydrocephalus, the boy is fairly sharp, but addicted to lying and stealing. Cretins, mongolians, and epileptics are other types of the idiot class.

The chapters on backward children, and



Healthy, precocious infant.



Clever, well behaved, affectionate child.

character defects in children, deserve careful study. One realizes as one reads them the strength of Dr. Hollander's claim that in the education of children the co-operation of the medical psychologist is an absolute necessity. And more : how large-hearted is the sympathy of one who understands what is at the root of many of the defects and failings often dealt with unnecessarily harshly by those who do not understand their origin. Thus we read :—"To cure these character defects by moral education we must first remove all that cramps the soul of childhood. We must realize that some children need hard work and will be saved by it, while others need rest and leisure ; some are spoiling for lack of kindness, and some for lack of severity."

The direct opposite of the imbecile and feeble-minded children are the precocious ones. Our illustration shows a healthy precocious infant. Such infants as they grow up are bright, quick, intelligent, apt to learn and the pride of their teachers, but precocity is a morbid psychic condition, and those manifesting it often lack vitality and resisting power.

Lastly, we have an illustration of a clever, well-behaved, affectionate boy.

In regard to a choice of pursuits, the author points out that "the earlier we are able to recognise the innate dispositions, the sooner we can aid their right use and educate the child according to the pursuit for which he is best adapted, on the right choice whereof his future success and happiness depend. Many a little boy and girl have been made to toil in mathematics when there was no corresponding quality in the brain ; in music, when they could never sing a true note ; in language, when they had no linguistic power whatever ; and on the other hand, many great mathematicians, musicians, painters, and sculptors have been prevented, or at least delayed, from obtaining the position for which nature designed them.

"If every boy or girl were directed thus early to the subjects to which he or she is best suited, it would double the prosperity and material good of future generations, and greatly enhance the happiness of the race, besides diminishing poverty and crime."

The chapter on the moral education of children can hardly receive too close attention. Many mistakes would be avoided if it were assimilated by those who are responsible for their upbringing. Dr. Hollander holds that a child should be left free to feel and act according to its own inspirations, so long as its feelings and conduct are physically harmless and morally proper. When it is checked it should be made to feel that the denial, being dictated by love, is unalterable by entreaty.

THE PREVENTION, SYMPTOMS, AND TREATMENT OF TETRYL DERMATITIS.

Miss Enid Smith, M.B., B.S.Lond., who has for the past nine months acted as medical officer to munition works employing about 250 women, where tetryl (tetra-nitro-methyl-anilin) is used, writes in the *British Medical Journal* on the above subject as follows :—

I.—SELECTION OF WORKERS.

Experience showed that women with obvious eye or skin diseases should be excluded, and all workers should be taken on probation. It is quite impossible to foresee who will prove susceptible.

II.—PROPHYLAXIS.

On entering the factory the workers remove their outdoor clothes, put on special overalls and slippers, and pass through a toilet room, where a responsible person sees that each worker hardens her hands in spirit lotion (filtered methylated spirit 20 per cent., water 80 per cent.), and dusts her face freely with powder (zinc oxide 1, starch 3).

In the rooms the workers are warned against touching their faces with their hands. The trays and tables are regularly wiped, and the floors swept and scrubbed, so that the quantity of tetryl is limited. Tetryl-laden dust, or finely divided tetryl, seems to be more injurious than tetryl in bulk. Some workers use veils or muslin across the mouth to avoid inhaling the dust. The rooms should be airy and cool, but not draughty. Hot, close weather increases the trouble, so that provision must be made for keeping the rooms cool in summer.

On leaving the works, the workers should wash their hands, using olive-oil soap or bran. Each worker should have her own towel. The face is wiped free of powder, and a simple greasy preparation may be used at the end of the day.

Washing of Clothes.—It should be noted that those living with workers get affected, especially if they wash the workers' clothes. All clothes should be soaked in cold water and paraffin and rinsed before being boiled, or the steam from the boiling clothes will be very irritating.

III.—SYMPTOMS.

The hands of all workers are stained yellow, and in most of them the faces and hair. They are known in the town as the "canaries." The conjunctivae are never stained, nor the covered portions of the body, but the feet may get "yellow as duck's."

Dermatitis, by which almost all workers are attacked, consists, in its mildest form, of irritation and roughening of the exposed skin. More serious is a papular eruption; in the severest cases there is acute œdema of the whole face, closing the eyes and making the features unrecognizable; any variety of eczematous eruption may be seen. The attack may occur at any time, but usually after a fortnight's exposure.

Conjunctivitis may occur with or without dermatitis.

Nasal irritation manifests itself in excessive sneezing and in epistaxis, but is never severe enough to keep a worker at home.

Pharyngeal irritation has occurred in a few cases. Asthmatic attacks compelled two workers to leave.

Constitutional symptoms are almost absent. Insomnia perhaps occurs out of proportion to the cutaneous irritation. "Biliousness" at the monthly periods has been noticed. It has not been found necessary to give the workers rest days on this account. The appetite is excellent, and the general health of some delicate women has certainly improved.

TREATMENT.

If the symptoms are slight, the worker is encouraged to remain at work, perhaps changing to a room where tetryl is not used. The symptoms will then, as a rule, subside in the course of a few days and not recur.

If the symptoms are more severe—if, for example, there is œdema or a papular eruption, or conjunctivitis of moderate degree—the worker must stay at home. She should not return until quite well, as a convalescent seems unusually susceptible. If, after recovery, the worker gets a second severe attack, I advise her to find other work. In some cases, however, where the worker has remained at her own risk, she has gradually improved, and the skin, apart from pigmentation, has become practically normal.

For the dermatitis, in the severest cases, steaming the face with subsequent application of wet cloths reduces the swelling and allays the irritation. Later on, and in less severe cases from the first, calamine lotion acts well, though some prefer an ointment composed of zinc ointment, lanoline, and castor oil, equal parts. I have avoided lead lotion, as lead has a dangerous affinity for tetryl.

For conjunctival irritation colloidal silver acts well, though it smarts on application. For nasal irritation we use liquid paraffin.

OUR PRIZE COMPETITION.

MENTION SOME OF THE DIFFERENT AGENTS EMPLOYED IN APPLYING COUNTER-IRRITATION, AND DESCRIBE THE METHODS OF THEIR APPLICATION.

We have pleasure in awarding the prize this week to Miss F. Sheppard, Dudley Road, Tunbridge Wells.

PRIZE PAPER.

Counter-irritants include (1) those that redden the skin surface, (2) those that produce blistering, and (3) those that destroy the soft tissues.

Blisters afford a powerful form of counter-irritation which is often used; the cuticle or superficial part of the skin becomes raised, from the part beneath, by an effusion of fluid or serum, drawn from the blood by the action of the "blistering material."

The two methods.—(1) Blistering ointment, which is spread, applied on leather or stiff paper, and cut the size required to form the plaster ordered, viz., "Emplastrum Lytæe."

(2) Method is by painting the part with blistering fluid ("Liq. Epipasticus"). The part desired to vesicate must be outlined with oil or vaseline, and it must be applied where the fluid is not required, to prevent any unnecessary discomfort. The blistering plaster should be secured in position by a bandage or handkerchief, instead of plaster, which drags when the blister rises. In order to vesicate, the plaster should remain on the skin from eight to ten hours; three or four only reddens the skin. When vesication has taken place, the plaster should be gently removed without breaking the blister.

Method of Dressing Blister.—The vesicle should be opened in the most dependent part by finely pointed sterilized scissors, and the fluid allowed to escape into a sterilized test tube or on to sterile absorbent wool, and kept for examination if necessary.

The surface is dressed with simple ointment, and a thin layer of sterile wool, secured by a bandage in position.

Liniments.—The strong ones chiefly employed for counter-irritation include croton oil, large spots appearing after use; belladonna, and iodine. All should be painted on with a brush, not rubbed in, and the fluid used sparingly at first over a small surface to test the effect, as some delicate skins of invalids cannot tolerate it.

Cupping abstracts blood locally, and is usually done by the surgeon. The wet or dry method may be used. The part to be cupped should be carefully cleansed and sponged with sterilized hot water. Four or five special small

glasses for the purpose, or even common tumblers may be used, some blotting-paper and cotton wool, a small quantity of spirits of wine in a saucer, and a lighted candle are required. The glasses are first warmed, and a piece of lighted blotting paper, two inches square, soaked in the spirits of wine, is thrown into each glass; after letting it burn for two or three seconds, invert the glass suddenly over the selected spot, and so on with each in succession. A bladder will arise in the interior of each glass. If wet cupping is desired, a scarificator is used before the glass is applied to the part, and the glass removed as before, by inserting the thumb nail between the rim of the glass and the skin. The glasses are left on for periods varying from five to thirty minutes. The wounds afterwards are covered with a sterile dressing, unless it is desired to encourage further bleeding, when a hot fomentation is applied.

Leeches are used to remove a small quantity of blood. The skin is well cleansed in the usual way before applying them. Sometimes a little cream or milk is smeared on the skin to encourage them to bite. To apply the leech, the larger end should be held in a test tube or fold of cloth; the smaller end, or head, is directed to the skin in the necessary region. The leech bites should be washed with sterilized water, and sterile wool and a bandage applied, which in most cases will stop bleeding. A hot fomentation is applied if necessary to encourage the bleeding. All leech bites must be watched, and firm pressure applied if hæmorrhage occurs after removal of leech; a doctor should be informed, and pressure maintained until his arrival, or until the hæmorrhage is controlled.

Mustard leaves are good counter-irritants, and are dipped in tepid water and applied to the previously cleansed skin and left on a quarter of an hour or longer, until the skin is reddened. Ointment spread on lint is then applied, covered with wool kept in place by a bandage.

Mustard poultices have similar action. Equal quantities of linseed meal and mustard are used, stirred into boiling water. The mixture is then spread on lint or brown paper, with a layer of muslin over the poultice. It should not remain on long without ascertaining its effect, especially on the old and very young. A corner should be turned down, and the skin examined to prevent blistering.

The application of counter-irritants must be rightly timed and placed; not too soon, nor too near seat of disease. All acute symptoms should have subsided, otherwise, instead of affording relief, the local and general disease may be aggravated.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss K. Kohler, Miss V. Pratt, Miss E. Treveltham, Miss M. Robinson, Miss F. Jenkins.

Miss C. G. Cheantley's excellent paper unfortunately arrived too late from Ireland to include in the competition.

QUESTION FOR NEXT WEEK.

Mention some of the causes which may delay delivery in childbirth, and the course you would adopt to assist the patient in each case.

NURSING AND THE WAR.

SPLENDID NATIONAL SERVICE.

The report of the *Maison de Saint Protasien*, Bordeaux, contains an interesting account of the work done during the first year of the war (from August, 1914 to July, 1915) by former pupils of the school, drawn up by Dr. Anna Hamilton and based on facts supplied by the nurses themselves in reply to a questionnaire circulated amongst them by the Committee.

What has specially struck the doctors has been the practical knowledge of these nurses, their capacity in regard to all kinds of illnesses, for their knowledge is not limited to the care of surgical patients and the management of an operation service, but they are not afraid of being placed in charge of medical sections, even those which are devoted to the isolation of contagious diseases.

Thus it is, that notwithstanding the large proportion of surgical hospitals during the war, a proportion of the nurses trained in this hospital have served in medical and contagious wards, where the competence of the *personnel* must be of the first order to avoid complications, and the spreading of infectious diseases such as affections of the respiratory tract, enteric fever, dysentery, scarlatina, tetanus, erysipelas, &c.

During the first year of the war 110 of the nurses cared for sick and wounded soldiers, but precise information as to their work had only been received from 80 of them when the report was published.

Twenty-three military hospitals, temporary or mixed, have applied for 37 of the nurses, sixty-five of its pupils have worked in twenty-seven Red Cross Hospitals, and, besides these two principal groups, three benevolent organizations at Arcachon, Aouste, and Béziers have engaged its nurses.

In foreign countries the Italian Red Cross at Milan, and the Belgian Red Cross at Brussels have done the same, and in Egypt, Mlle. Bryant, a former pupil and benefactress, is directing the Government Hospital at Benha where wounded French soldiers are received.

There is perhaps no other professional group who have during this terrible war spontaneously mobilized, voluntarily sacrificing their usual remuneration, and that without the prospect of decorations, and future posts, but, on the con-

trary, incurring the constant obligation of obscure sacrifices not so much of material things as of their most legitimate professional freedom.

But by accepting the posts of ordinary nurses the certificated nurses have been able specially to benefit the combatants by their skilled care. If it is useful that an operating theatre should be well served it is certain that the wounded in general do not realize the importance of this, and that they appreciate infinitely more being surrounded in the ward day and night—especially night—with attentive care, for they are only temporarily in the operating theatre and the rooms for the dressing of wounds, but in the ward in which they live there is an imperative need of competent nurses. Former pupils are therefore advised to leave the theatres and dressing-rooms to the care of students of medicine, and to concentrate themselves on the wards where they have an infinitely greater power of assuaging suffering. "What more beautiful rôle" it is asked "could they have than to prevent the aggravation of the condition of the sick in their charge; to assure order, calmness, cleanliness, in a word the hygiene of the day and night service in order to expedite rapid recovery, and to save the lives of those who, severely wounded, are at the mercy of indiscretions due to defects of supervision, or in the capacity of the *infirmiers*?"

Emphasis is laid on the fact that the work of nurses is primarily to care for the sick and not to be inferior doctors, and that in concentrating their efforts on the well-being of those who suffer they must become the most valued assistants to the medical profession. It is in attendance at the bedside of the sick, especially when the doctor is not there, that they truly fulfil their vocation.

Evidently there has been the same influx of untrained women into hospitals in France since the war as in this country. "There is," we read, "no question of proving a vocation, as special as it is rare, to consecrate oneself to the service of the sick. All the women, all the young girls have taken the hospitals by assault, and while their fathers, their husbands, their brothers, are occupied in fighting the enemy they only think of surrounding the victims of war with their solicitude.

"May they realize that a hospital environment, if new to them, has always presented a great attraction to those who have explored it, and that the victims in the battle of life who are to be found in hospitals in time of peace are also in imperative need of care and consolation.

"Let us hope that when victory has been attained we shall see the hospitals permanently supplied with a feminine personnel so superior that we shall no longer have reason to envy our allies, the English, in this respect."

Several of the nurses in the invaded regions have had the terrible experience of working under German majors. One of them who had received four wounded men into her house removed them to hospital under fire for fear that they might be shot if the Germans found them else-

where and had to pass a barricade to return home.

"The following day," she wrote, "the Prussians were established as masters in the hospital, and I returned there, in order not to abandon our poor prisoners. . . . What a Calvary for me! You know me! . . . Think of the French under the orders of a Prussian major, and what a Prussian!—the purest essence. I have had to assist, impotent, at acts of barbarous surgery. After eleven days of this hell, we saw this savage horde depart, not daring to believe in such good fortune.

"During this cruel period, it was necessary to carry on the work of the hospital, full of wounded, daily renewed, without water, gas or electricity, and with the drains obstructed owing to the bombardment."

Another of the nurses was on duty in the Palais Royal, at Brussels, when the Germans arrived. After working under the direction of the Germans for thirty-seven days, she escaped. The wounded French and Belgian patients had been sent to Germany, and the French and English nurses were being exposed to the same fate.

The nurse, therefore, with three English ones, decided to take matters into her own hands, notwithstanding the warnings of the United States Consul, who feared a fatal issue for them. (It was the same Consul who afterwards made such strenuous efforts to save the heroic Edith Cavell from the death sentence.) The four disguised fugitives had their carriage followed by aeroplanes, but by traversing by-ways arrived at Nimore, whence they took the train to Ghent, but were stopped by the German lines and the train being bombed had to retrace their way and arrive at Ghent by an indirect route, from which place they left for Ostend and finally for England.

In other invaded districts, former pupils of the school have been captives for many months. In one place, the directrice and sous directrice had been at the hospital for several years, and remained at their posts. Indirect news has been received of them that they are well treated by the German majors, who marvel at the way in which they care for the patients.

At Bordeaux, thanks to its pupils, the Nursing School at the Maison de Santé Protestante is performing truly patriotic work. We congratulate Dr. Hamilton that the seeds sown with so much care have brought forth fruit—some thirty, some sixty, and some a hundred fold.

It was announced at a successful public meeting, held in Sydney, on March 8th, that Mr. and Mrs. W. E. Shaw had given their beautiful house and grounds, at Summer Hill, as a permanent home for the trained nurses of Australia, as a lasting memorial to the memory of Miss Edith Cavell, such memorial to be associated with the good work done by Australian nurses at the Front. A good fund will be required to equip and to maintain the home, and Australasian nurses are invited to interest their friends in it. Subscriptions to the amount of £239 5s. 9d. were announced at the meeting.

FRENCH FLAG NURSING CORPS.

The devoted service of Miss Mary M. Weir (Queen's Nurse) at Château-Thierry has brought great credit to the F.F.N.C., and the termination of her year's appointment will be very generally regretted. Miss Weir left Château-Thierry on May 1st to return to duty in Scotland. She writes:—"This year of work just seems to have fled, but it has been a great pleasure. The French soldiers are the best and most courageous of patients, and they have so much need of trained nurses and appreciate our help so much. I do wish I could have stayed till the end of the war, but still I feel grateful to my Committee for giving me a whole year's leave of absence."

Sister Wadsworth sends from Toul photos of

women, and that it is you, madame, who have had the kindness to send them. I wish therefore to thank you in my own name, and in the name of my comrades, and I beg you to pass on our thanks to the ladies who have so generously worked for us. Tell them that we associate them in our gratitude with our Sisters, who by their maternal devotion and their charming grace, have positively conquered our hearts.

To-morrow in the trenches we shall feel encouraged by the remembrance of your solicitude, and later, if death spares us to return to our own firesides, we shall relate to our children in the evenings how kind the English mothers have been to us during the great war, and how they have alleviated our sufferings. Once more, madame, I express our thanks to you, and beg you to believe in our cordial sentiments and respectful gratitude.

RENÉ NANY.



SISTER WADSWORTH AND PATIENTS IN "BARNET" JACKETS.

her patients in bed and out of doors wearing the beautiful bed jackets made for the F.F.N.C. "Wounded Soldiers' Fund" by the kind old ladies at the Barnet Workhouse. The following letter from the soldier with the crutches in the picture will, we feel sure, give great pleasure to these kind and expert needlewomen:—

MADAME,—Now that I am leaving this hospital to return to the Front, I am giving back to Sister Edith Wadsworth with regret a grey blue jacket with red facings, which I have worn with much vanity during my convalescence. A certain number of my comrades have also had the pleasure of being clothed in the same way.

Sister Wadsworth has told us that these pretty jackets have been made and given by English-

(Corporal René Nany, 18th Company of the 368th Infantry Regiment. Wounded in the war. Hôpital Thouvenot, Toul.)

Sister Wadsworth reports splendid gifts of comforts from the Croix Rouge Française, and indiarubber rings and a water bed from the American Clearing House in Paris. "We are thankful to have them, and now we are quite rich, and are well provided with most things necessary for our patients' comfort. . . . We visited N— the other day and had a very interesting time, as the city is full of beautiful architectural buildings, the most important of which is covered over with sandbags for protection against the bombardments. We visited a most magnificent church, towards the building of which most of the nations of Europe

had subscribed. The coloured windows were more beautiful than any I have seen previously, being of exquisite colouring. The Emperor of Austria had given some of them. A bomb had fallen just outside the church and most of the windows on one side were completely smashed. Alas! one feels these splendid works of art can never be replaced.

"We also visited the Chapelle Ducale, where many of the Ducs de Lorraine are buried, and the carefacer told us that up to the commencement of the war the Emperor of Austria paid for the upkeep of the chapel, and also for a Mass to be celebrated every day, as it is the ancient church of his ancestors, the first Duc de Lorraine being buried there in the ninth century. I think there are eighty of this great House buried there.

"We saw the splendid monuments erected over the tombs of the Ducs, which are in a small chapel in the interior of the church, and all the windows

surrounding the Supérieur. Sister Jones with

"I am sending you a photograph taken here a short time ago, when one of the regiments which has fought so valiantly at Verdun came here for a week's rest. General Duplessis was charming and sent his regimental band each afternoon to play to our patients. The first time they came we asked them to play "God Save the King" for us, and whilst we stood entranced a local photographer unknown to us, took the photograph. You will see Miss Way on the extreme left, the General, myself and Captain Vignon, whose uncle is an admiral in the British Navy. I have marked the Médecin Chef with a X. Miss Bailey was not there as she was on night duty. We have filled up the whole place, and it is a question where to put the patients. We get new ones every day, since the terrible fighting at Verdun. I shall have many regrets when the time comes for me to go."



LISTENING TO "GOD SAVE THE KING" AT VERNEUIL.

overlooking the tombs were smashed by bombs! Until the war is over the chapel belongs to nobody, as it has always been regarded as the private property of the Emperor of Austria. The carefacer said that for 78 years she and her father before her had taken care of the church, and until the war was over she would continue to do so. . . . On the outside of the houses we noticed the red cross of Lorraine painted very distinctly, as an indication that underneath was a *cave* (cellar), into which one must run in case of bombardment."

Sister Mabel Jones, who was trained at the London Hospital, and has been working with the greatest success at Verneuil for a year, has now joined the unit at Rousbrugge, and Sister L. Way

We feel sure Sister Jones will be greatly missed from the Ambulance to which she has been attached, as the greatest harmony and a high standard of nursing have been the result of her good management.

NURSES FOR MESOPOTAMIA.

Miss Beatrice Jones, R.R.C. Matron in Queen Alexandra's Military Nursing Service, and a staff of 250 nurses, are to be sent to Mesopotamia. Miss Phoebe Watt, R.R.C., of the Indian Military Nursing Service, and a number of nurses, are already there, so we may hope that the sick and wounded, of whom we fear there are a great number, will be well cared for. General Townshend's sick and wounded are to be exchanged for an equal number of Turkish prisoners.

JOINT WAR COMMITTEE.

CARE OF THE WOUNDED.

The following Sisters have been appointed to duty at the Home Hospitals:

Red Cross Hosp., Highfield Hall, Southampton.—Miss M. Daguid.

Moorfield Hosp., Glossop.—Miss A. J. B. Shoo-bridge, Miss E. C. Kew.

T.A.D. Hosp., New Town Hall, Torquay.—Miss E. Lepingwell.

Hillsborough Hosp., Harlow.—Miss R. Thompson.

T.A.D. Hosp., Mill Dam Hosp., South Shields.—Miss L. Turley, Miss E. Craig.

Regent's Park Hosp., Southampton.—Miss L. M. Roberts.

Whitehill Red Cross Hosp., Edinburgh.—Miss S. Carosso.

Red Cross Hosp., Parc Howdd, Llanelly.—Miss J. M. Scott.

Home Mead Hosp., Lymington.—Miss L. Lamphier.

Red Cross Hosp., Hawkhurst.—Miss J. S. Croly.

Rhydd Court Hosp., Hanley Castle, Worcester.—Miss M. Mellen.

Aux. Mil. Hosp., Southall.—Mrs. E. Price.

Red Cross Hosp., Boston.—Miss A. J. Wilson.

Aux. Red Cross Hosp., Ingham Old Hall, Statham.—Miss L. C. Arnall.

Harnham Hall Hosp., Malton.—Miss A. Gregory.

* *Tappington Grange Red Cross Hosp., Wadhurst.*—Miss A. Bridgford.

Coltsmore Red Cross Hosp., Haverfordwest.—Miss M. M. Campbell.

T.A.D. Hosp., Abbots Barton, Canterbury.—Miss D. M. G. Spaul.

Normanhurst Hosp., Battle.—Miss L. F. Wood.

Yately Military Hosp., Hants.—Miss K. Murray.

Heywood Military Hosp., Cobham.—Mrs. D. Matthews.

Moor Park Aux. Hosp., Preston.—Miss L. Brand, Miss M. Cullen.

Nethercourt Aux. Hosp., Ramsgate.—Miss D. Brisco.

St. John's Hosp., Hastings.—Miss V. Aspray.

Red Cross Hosp., Downham, Norfolk.—Miss B. C. Archer.

AND

Boulogne.—Miss F. M. Howell, Miss M. Berry.

The Hospital for Injuries to the Jaw, at 58, Brook Street, W., was opened on Tuesday, April 23rd, and received its first patients on May 1st.

The Matron is Miss R. D. Colvin, who was trained at the Liverpool Royal Infirmary, and prior to her appointment held the position of Home Sister at the Middlesex Hospital.

The German Government have at length accepted the proposal of the British Government for the transfer to Switzerland of British and German wounded and invalid combatant prisoners of war.

The Paris correspondent of the *Glasgow Herald* sends interesting information of the "Fourth Stationary Hospital" at St. Cloud.

"In these early spring days, when trees are putting forth their leaf, and flowers are budding, it is a comforting sight that is offered by the Canadian ambulance at St. Cloud, a most desirable residence from all view-points for the treatment of patients during the summer. Preparations, it may be noted, are pushed forward to make this Canadian hospital one of the largest in France. Indeed, it is expected that before long the building will be able to accommodate 1,400 patients. This will class the hospital as the second in France in size. It is situated, it may be recalled, in the grounds of the St. Cloud racecourse, a most delightful spot. In fact, it is precisely on account of the advantageous position that the enlargement of the hospital has been determined. The whole grounds of the large tract of land covered by the popular racecourse are at the disposal of the ambulance. At present the building can receive about 400 patients. Not more than half that number are in the wards to-day, and nearly all of them came from the Verdun front.

"One of the latest additions to the Canadian hospital is a 'shed' containing a score of cots just at the entrance to the grounds and beside the grand stand. The 'Fourth Stationary Hospital,' as it is officially called, is garrisoned by a squad of 125 Canadian soldiers under Colonel Arthur Nugvault of Montreal. In addition to the Matron in charge there are 33 nurses attached to the institution, and a matter of 20 doctors. In the near future, however, it is stated there are to be reinforcements of 72 nurses and 50 medical attendants.

"When the hospital is enlarged all of the wounded will be under canvas. It has been proved, it seems, by experience that the men are better under canvas than under wood. Therefore floored tents are being erected in the grounds, and all patients that can will be removed and lodged there. These tents are made in three layers, the outer one being white canvas, with red in the centre, and the interior tent being of drab yellow, a shade found to be more restful for the eyes than green. It should be mentioned that the Canadian Hospital is a prime favourite with French wounded, partly on account of its charming surroundings and also because most of the nurses and surgeons speak French fluently, being principally French Canadians. French cooks prepare the meals."

Sir Wilmot Herringham has written his personal impressions of the war, as seen at close quarters by a consulting physician to the forces, in a volume entitled "A Physician in France," which Mr. Arnold has in preparation.

£52,690 16s. 6d. was the grand total of the sale at Christie's for the British Red Cross Society and the Order of St. John.

SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

A Meeting of the Executive Committee was held at 431, Oxford Street, London, W., on Saturday, 29th ult.

THE ANNUAL MEETING.

It was arranged that the Annual Meeting should be held in London on Thursday, 1st June, and that a full Report of the Registration Question and activities of the Society should be presented.

Mrs. Walter Spencer, with her usual kindness, invited those present at the meeting to tea at 2, Portland Place.

It was agreed to define the cardinal principles of the Society in the Regulations, so that trained nurses who joined the Society would realise the fundamental basis on which State Registration of Nurses could alone be effectively organized.

1. State Registration of Trained Nurses by Act of Parliament.
2. A Professionally elected Governing Body, on which the nurses have direct representation.
3. A Central Examination for all nurses, at the expiration of the term of grace.
4. The protected title of "Registered Nurse" for those who obtain the Certificate or Diploma qualifying for State Registration.

LEAFLETS.

Leaflets on State and Voluntary Registration were discussed and adopted, as so many nurses have asked for short simple statements of fact on these questions.

NEW MEMBERS.

The following new members were elected:—

- 3995 Miss J. E. Mundy, cert. Worcester General Inf.
3996 Miss M. E. Power, cert. Roy. South Hants Hosp.
3997 Miss L. J. Hurford, cert. Dudley Rd. Inf., Birmingham
3998 Miss C. C. Robinson, cert. Sir Patrick Dun's Hosp., Dublin.
3999 Mrs. M. G. Shore, cert. St. Bartholomew's Hosp.
3990 Miss M. A. Swann, cert. Roy. Inf., Sunderland.
3991 Miss M. P. Browning, cert. "
3992 Miss K. O'Sullivan, cert. Poplar and Stepney Sick Asylum.
3993 Miss F. N. Gifford, cert. Mildmay Hosp., Bethnal Green.
3994 Miss E. M. Barker, cert. Croydon Gen. Hosp.
3995 Miss G. M. Price, cert. Chester Royal Inf.

- 3976 Miss N. M. Wells, cert. Holborn Inf.
3977 Miss A. C. V. Morant, cert. Greenwich Inf.
3978 Miss L. N. Jeffreys, cert. Westminster Hosp.
3979 Miss N. F. Franckeiss, cert. St. Mary's Islington Inf.
3980 Miss M. H. Bell, cert. Guy's Hosp.
3981 Miss M. T. Brameld, cert. Cheltenham Gen. Hosp.
3982 Miss J. W. McEwan, cert. Queen's Hosp., Birmingham.
3983 Miss P. G. Gregson, cert. Shoreditch Inf.
3984 Miss M. Beresford, cert. South Manchester Hosps., West Didsbury.
3985 Miss E. Winnett, cert. Queen's Hosp., Birmingham.
3986 Miss E. A. Johnston, cert. Belfast Royal Hosp.
3987 Miss L. Lane, cert. Queen's Hosp., Birmingham.
3988 Miss M. Law, cert. Miller Hosp., Greenwich.
3989 Miss D. F. Hedgecock, cert. Guy's Hosp.
3990 Miss E. A. G. Young, cert. North Staffs. Inf.
3991 Miss J. B. Dowdy, cert. Township Inf., Leeds.
3992 Miss S. M. Franklin, cert. Erdington Inf.
3993 Miss M. E. Shank, cert. University Coll. Hosp.
3994 Miss L. Sharpe, cert. Cent. London Sick Asylum, Hendon.
3995 Miss E. A. Renaut, cert. St. Bartholomew's Hosp. (Matron David Lewis Northern Hosp., Liverpool.)
3996 Miss M. E. McCoull, cert. David Lewis Northern Hosp.
3997 Miss H. L. Capper, " " "
3998 Miss M. Aston, " " "
3999 Miss E. M. Clinch, " " "
4000 Miss E. M. Mossman, " " "
4001 Miss C. E. Jenkins, " " "
4002 Miss E. Blore, " " "
4003 Miss G. Hepburn, " " "
4004 Miss M. A. Wharton, " " "
4005 Miss G. G. Lloyd, " " "
4006 Miss A. F. Hyde, " " "
4007 Miss E. Belton, " " "
4008 Miss E. E. Davies, " " "
4009 Miss F. G. Dutton, " " "
4010 Miss G. K. Key, " " "
4011 Miss M. Preston, " " "
4012 Miss O. K. Despard, " " "
4013 Miss W. James, cert. Gen. Hosp., Birmingham.
4014 Miss F. Hood, cert. David Lewis Northern Hosp., L'pool.
4015 Miss L. Monks, cert.
4016 Miss L. Hayward, cert. Royal Inf., Chester.
4017 Mrs. C. Pole, cert. Brownlow Hill Hosp., L'pool.
4018 Miss F. L. Williams, cert. Sheffield Roy. Hosp.
4019 Miss E. L. Jarrett, cert. East London Hosp. for Children. (L.C.C. School Nurse.)
4020 Miss S. Carr, cert. Royal Inf., Sunderland.
4021 Miss M. Byard, cert. Leicester Royal Inf.
4022 Miss E. A. Elgey, cert. Stockton and Thornaby Hosp. (Matron Skinninggrove Hosp.)
4023 Miss C. Chambers, cert. St. George's Hosp.

- 4024 Miss W. P. Solomon, cert. University Coll. Hosp.
 4025 Miss M. Laidlaw, cert. West Herts Hosp., Hemel Hempstead.
 4026 Miss M. O. Weatherill, cert. Roy. Inf., Sunderland.
 4027 Miss F. L. Cain, cert. St. Pancras South Inf.
 4028 Miss E. Graves
 4029 Miss A. C. Mathews, cert. "Whitechapel" Inf.
 4030 Miss E. M. Kocky, cert. David Lewis Northern Hosp., Liverpool.
 4031 Miss A. F. Skey, certs. St. Marylebone Inf. and Brompton Hosp.
 4032 Miss E. E. Parker, cert. Holborn Inf.
 4033 Miss L. Pollock, cert. Brisbane Hosp. (Matron Gifford House Aux. Hosp., Southampton).
 4034 Miss A. Dyer, cert. Kensington Inf.

MARGARET BRYAN,

Hon. Secretary.

NATIONAL UNION OF TRAINED NURSES.

The Annual Council Meeting was held on Thursday, April 27th, at 46, Marsham Street, Westminster, S.W., when a large number of delegates were present from Liverpool, Manchester, Bristol and other parts of England.

THE NEW PRESIDENT.

Miss A. M. Bushby, the Matron of the Queen's Hospital for Children, Hackney Road, N.E., who was trained at King's College Hospital, was elected President of the Union for the coming year.

DELEGATES CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

The following members were elected to represent the Union on the Central Committee for the State Registration of Nurses:—Miss Marsters, Superintendent Q.V.J.I., District Nurses' Association, Paddington and Marylebone, W.; Miss M. Muriel, late Superintendent Maternity Hospital, Myddelton Square, W.C., and Assistant Matron, Norfolk War Hospital; Miss Plumey, trained Bristol Royal Infirmary, Lecturer, London County Council, &c.; Miss E. L. C. Eden, Hon. Central Organizer; Miss E. C. Tawney, Hon. Treasurer.

APPOINTMENTS.

The following appointments have been made through the N.U.T.N.:—

Addington Park War Hospital, Croydon.—Mrs. Cant (Staff Nurse).

Exeter V.A. Hospital.—Miss W. Fuller and Miss L. Ward (Staff Nurses).

Scaford Military Hospital.—Miss E. Wallis (Staff Nurse).

Helena Nursing Home, Reading.—Miss A. Fox (Nurse).

Wimbledon Infants' Day Nursery.—Miss R. Smyth.

A B C OF STATE REGISTRATION.

A is the Act which we hope to see passed,
 B is the Bill we must nail to the mast,
 C is our Charter of Liberty free,
 D for the Doctors who with it agree,
 E for the Eager who work till they drop,
 F is the Freedom which bears such a crop,
 G for the Growth of professional rule,
 H for our Hospital and Training School,
 I the Ideal which each nurse desires,
 J for the Journal that high aim inspires,
 K for the Keeness the nursing world needs,
 L for our Leaders we thank for their deeds,
 M for the Matron of each Training School,
 N for the Nurse who respects her wise rule,
 O the "One Portal" through which we must pass,
 P is the Pro. who fails sometimes, alas!
 Q is the Quest we have sought to attain,
 R for the Register we shall soon gain,
 S for the Slacker who's naught but a curse,
 T for the Title of Registered Nurse,
 U for the Uniform we must protect,
 V for the Voters who Council elect,
 W the Wards where the nurses find scope,
 X for the Exam., not too hard we hope,
 Y for the years of spade work on the Bill,
 Z for the Zealous, who work at it still.

VIOLETTA THURSTAN.

THE VOLUNTARY REGISTRATION OF NURSES.

The Association for the Promotion of the Registration of Nurses in Scotland held their annual meeting on April 26th in the Christian Institute, Glasgow, Lord Inverclyde presiding. Professor Glaister, referring to the institution of the College of Nursing, Limited, expressed the view that the scheme was calculated to bring about what they had been fighting for—the registration of nurses—much more easily and rapidly than they could hope to attain by pursuing further their old lines—namely, that of trying to get a bill through Parliament. He gave details of the College scheme, and moved the resolution pledging the association to support it. Some discussion took place regarding the Scottish representation on the Council of the College, and also regarding the effect of the scheme on existing systems of registration. Professor Glaister, in dealing with points raised in the discussion, said that the real object of the College was the unification of the curriculum of teaching and the period of training of nurses in the various institutions throughout the country. An amendment asking for delay to enable managers of hospitals to consider the Articles of Association of the new College was proposed, but the resolution was carried.

We wonder how many of those present had seen the Memorandum and Articles of Association or realised the vital professional principles which they contravene.

APPOINTMENTS.

MATRON ASSISTANT.

Gartloch Mental Hospital, Gartloch, near Glasgow. Miss Nellie J. ... appointed Matron-Assistant. She was trained at the County Asylum, Whittingham, Preston, and in general nursing at the Eastern Hospital, Dundee. She has held the position of Charge Nurse in the Mental and Infectious Wards and the Fulwood Infirmary, Preston, Senior Charge Nurse at the Parish Hospital, Perth, Staff Nurse at the North Eastern Hospital, London (M.A.B.), Sister at the Townley's Hospital, Bolton, and Charge Nurse at the Abbey Hospital, Paisley.

SISTER.

New Hospital for Women, Euston Road, N.W.—Miss R. Coles has been appointed Surgical Sister. She was trained at the Woolwich Infirmary, and has been Sister at St. John's Hospital for Diseases of the Skin, Uxbridge Road, Staff Nurse at Charing Cross Hospital, and Night Sister at the Royal National Orthopaedic Hospital.

Miss Alice Lloyd has also been appointed Sister at the same hospital. She was trained at Guy's Hospital, and has been Sister at the General Hospital, Hampstead, and at the American Hospital for English Soldiers, Caenwood Towers, Hampstead Lane, Highgate.

Horton Infirmary, Banbury.—Miss Myra B. Pirt has been appointed Sister in the Women and Children's Ward. She was trained at the General Hospital, Johannesburg, where she was afterwards Staff Nurse. She was also Staff Nurse at the Primrose Mine Hospital, South Africa, and Sister at a private nursing home in Bradford.

St. Nicholas Hospital for Children, St. Nicholas-at-Wade, nr. Birchington, Kent.—Miss Grace Brady has been appointed Sister. She was trained at the Ancoats Hospital, Manchester, and has held the post of private, district, and surgical nurse at the Nurses' Institution and Nursing Home, Stoke-on-Trent, and Assistant Matron, at the General Hospital, Merthyr Tydfil.

NIGHT SISTER.

Chalmers Hospital, Edinburgh.—Miss Frances M. Hancock has been appointed Night Sister. She was trained at the David Lewis Northern Hospital, Liverpool; and has been Staff Nurse at St. George's Military Hospital, Malta.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Gertrude Whitby ARRC. Foreign appointment. (Age 27½.)

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Annie L. Bacon is appointed to Woolwich as Superintendent.

Miss Minnie Bensley is appointed to West Riding, as Assistant Superintendent. Miss Bensley received General Training at the Norwich Workhouse Hospital, Midwifery Training at Gloucester, and District Training at Norwich.

Miss Ethel Pickering is appointed to Sussex C.N.A., as Assistant Superintendent and Health Visitor. Miss Pickering received General Training at the Royal Hampshire County Hospital; Midwifery Training at the District Nurses' Home, Plaistow; and District Training at Westminster.

Miss Marion Ashwell is appointed to Willenhall; Miss Adela I. Austin, to Crook; Miss Sarah E. Footner, to Eltham (St. Luke's); Miss Alice Pearson, to Chipping Norton; Miss Mary Stanley, to Bishop's Castle; and Miss Elizabeth Webster, to Heckmondwike, as Health Visitor, School and Tuberculosis Nurse.

NEWLY APPOINTED QUEEN'S NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date April 1st 1919.

England and Wales.

Jeannie M. Reid, Sarah A. Oliver, Agnes C. Cottrill, Mary Crosse, Dorothy W. Forder, Alice B. Whitehead, Annette M. Cook, Edith Addis, Lilian M. Mason, Rachel de Vries, Gertrude M. Smith, Hilda M. Waugh, Susannah Schofield, Celia R. Clapson, Olive Hemingway, Alice Mills, Florence M. Walker, Kate E. Claridge, Caroline Fitzpatrick, Alexandra D. Currie, Jane E. Pinnock, Martha E. Russell, Nellie Hawley, Annie Carr, Anne Leech, Margaret McVeigh.

Scotland.

Jemima Harkins, Helen C. Keegans, Christina McGilp.

Ireland.

Alice M. Dinsmore, Jane R. Hunter.

THE ROYAL RED CROSS.

The undermentioned ladies are awarded the Royal Red Cross Decoration:

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—1st Class: Miss E. R. Collins, Sister; Miss K. F. Fawcett, Sister, Act. Matron; Miss M. German, Sister, Act. Matron; Miss C. C. M. Gibb, Sister, Act. Matron; Miss M. H. Graham, Staff Nurse, Act. Sister; Miss S. W. Wooler, Sister, Act. Matron.

TERRITORIAL FORCE NURSING SERVICE.—1st Class: Miss M. Acton, Matron; Miss M. A. Harvey, Matron; Miss W. M. B. Friend, Sister, Act. Matron; Miss K. Mann, Sister, Act. Matron. 2nd Class: Miss M. C. Coxeter, Sister; Miss A. Hills, Sister; Miss K. C. Jones, Sister; Miss M. Newbould, Sister.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—1st Class: Miss A. E. Holmes, Act. Matron. 2nd Class: Miss A. G. Boyd, Sister; Miss J. Frewin, Staff Nurse; Miss M. M. McNab, Staff Nurse; Miss E. Moore, Sister; Miss H. E. Prefremont, Staff Nurse; Miss A. H. Wormald, Sister.

AUSTRALIAN NURSING SERVICE.—1st Class: Miss G. Wilson, Matron. 2nd Class: Miss B. Pocock, Sister; Miss E. Peters, Sister; Miss D. D. Richmond, Sister; Miss F. E. Spalding, Sister.

NURSING ECHOES.

Alexandra Day will be celebrated in London on June 21st, and in 300 provincial towns. The hospitals need all they can get in these hard times. In 1915 the sum of £100,000 was raised by Alexandra Day methods for hospitals, convalescent homes, and kindred institutions, and of this sum £33,000 was allocated to London charities, the distribution being approved by Her Majesty.

We have to thank Miss Clara Lee, always sympathetic and generous, for 10s. as an Easter offering for the nurse who has nearly lost her sight, whose sad case we brought to the notice of the readers of this JOURNAL last week. Nurse N. has only 10s. a week for all her needs, so that if we could raise only £13 we could send her 5s. a week, which would be a great help. Do not let us forget that food is now very costly, and that "some days she could eat more than she can afford." We have sent on Miss Lee's 10s. to last till 15th May; perhaps by that time others in happier circumstances than Nurse N. will have been able to help. We want £13—not a very lordly sum in these days, when thousands and thousands of public money are wasted by mismanagement over which we women have no control.

A Course of Lectures on the Care of the School Child, commencing on Wednesday, May 3rd, will be given, under the auspices of the National League for Physical Education and Improvement, at the London Day Training College, Southampton Row, W.C., at 5.30 p.m. The Syllabus is as follows:—*May 3rd.* Introductory Lecture, by Cyril Cobb, Esq., Chairman of the Central Children's Care Subcommittee of the Education Committee, L.C.C. *May 10th.* The Physical Development of the School Child, by Reginald E. Roper, Esq., M.A., Master of Physical Education, Bedale's School, Petersfield. *May 17th.* General Personal Hygiene, by James Wheatley, Esq., M.D., County Medical Officer of Health for Shropshire. *May 24th.* The Care of the Eyes, by James Kerr, Esq., M.D., Medical Research Officer to the L.C.C. *May 31st.* The Mental Hygiene of the School Child, by F. C. Shrubbsall, Esq., M.D., Assistant Medical Officer, L.C.C. *June 7th.* The Care of the Teeth, by R. Denison Pedley, Esq., F.R.C.S., President of the School Dentists' Society. *June 14th.* Malnutrition, by C. J. Thomas, Esq., M.B., Assistant Medical Officer, L.C.C. *June 21st.* The Care of the Nose, Throat, and

Ears, and the Common Minor Ailments of Children, by Eric Pritchard, Esq., M.D., Physician to the Queen's Hospital for Children.

June 28th. The Tuberculous Child, by J. Edward Squire, Esq., C.B., F.R.C.P., Physician to the Mount Vernon Hospital for Consumption. *July 5th.* The Cripple Child, by R. C. Elmslie, Esq., F.R.C.S., Medical Officer, Cripples' Schools, L.C.C. *July 12th.* Infection in and out of School, by W. J. Howarth, Esq., M.D., Medical Officer of Health for the City of London. *July 19th.* After-Care: The Special Needs of the Adolescent Boy and Girl, by Reginald Bray, Esq., Chairman of the London Juvenile Advisory Committee. The fees for the whole course are 5s., or 1s. a lecture. Application forms can be obtained from the Secretary, National League for Physical Education and Improvement, 4, Tavistock Square, W.C. Early application is advisable, as the space is limited. It is evident that there will be much to interest school nurses in these lectures, and at the close an examination will be held and certificates awarded.

The following statement appears in the organ of the Nurses' Missionary League, *Nurses Near and Far*, in discussing the treatment of native patients in Uganda by "606":—

"The patients in the Roosevelt Block are all suffering from loathsome sores; sometimes they come in covered from head to foot with these sores, looking hideous spectacles, and after treatment they go out, quite cured, with their skins quite clear. The very bad cases have the drug '606' injected into them, and it is wonderful how in a few days the sores begin to heal, and in three weeks' time they look quite different creatures. Take one instance. A man had been in for five months, and was getting no better; he was injected with '606,' and went out cured in one month. Were it not that these beds were supported, it would be impossible to give so expensive a drug. . . . The work in this block is most encouraging from two points of view; firstly, the patients are mostly very poor people, and despised on account of the loathsomeness of their diseases, and so they readily respond to kindness and are willing to listen to the Gospel teaching; secondly, we see such wonderful results from the medical and surgical treatment carried out."

In a preceding paragraph a missionary in the Belgian Congo says:—"Here we deal with natives who have become contaminated, as it were, through contact with 'civilization.' It is sad to relate, but the women come to me at

the dispensary with diseases which are practically unknown in the purely native villages."

A little book of Readings for use in Hospitals and among the sick is announced for immediate publication by Mr. Elliot Stock. The volume, which is entitled "One-Minute Readings for Nurses and Patients," Words of Comfort for the Suffering, contains fifty brief selections of helpful thoughts and prayers, mostly chosen from Holy Scripture. The compiler is Miss Fanny K. Kindersley, and the Bishop of Worcester contributes a Foreword.

The Royal Academy, Burlington House, which opened on Monday last, is of special interest to nurses this year, who probably have never before, in various guises, formed subjects for so many of the pictures. Of supreme interest is the plaster bust of Nurse Cavell in the Lecture Room (No. 1899), by Sir George Frampton, R.A. The face is one of great nobility and strength, and the sculptor has well represented the gravity and earnestness characteristic of his subject. The hair piled high is turned back from the straight square brow, the little ears, set close to the head, and the firm chin, dominated by the sweetness of the lips, indicate a character of unusual beauty and resolution.

Edith Cavell is represented wearing a high apron, which meets the plain linen collar at the neck, and over it a double-breasted cloak, open in front and turned back. On her head is a Sister Dora cap, rather small for either use or beauty, for when the bust is viewed from the front, the cap is invisible, with the exception of the strings, tied under the chin in a rather large and very stiff, straight bow. We hope the representation of the cap may be modified in the marble representation, for which this is a model, as its stiffness mars the harmony of a very sympathetic and successful study. There are two portraits of Edith Cavell amongst the miniatures (Nos. 1299 and 1391), and amongst other pictures in which nurses are represented is "The Return to the Front: Victoria Railway Station, 1916," by A. Richard Jack, in which a nurse in a circular cloak, and a bonnet with veil, is introduced amongst the khaki-clad figures.

In "Under the Red Cross," Mrs. Anna Lea Merritt has depicted a wounded soldier, whose left arm is being supported by an Army Sister, with numerous medals on her little red cape, while another nurse, in soft grey dress and Army cap, is applying a bandage in a method open to criticism, and a third nurse is attending

to an injury of the right leg. The grouping and colouring of the picture are very effective, but one's professional instinct makes one keenly desirous to give the patient a blanket, and make him more comfortable, and less chilly than he must be with the extremely scanty covering with which he is represented.

These by no means exhaust the list of nursing subjects in an unusually interesting Academy. The picture of St. Joan of Arc and the Inspiring Voices, by Mr. Charles A. Sheehan, and another by Mr. Charles Buchel, should not be missed.

Nurses in this country have felt much sympathy with their colleagues in Ireland during the recent riots in Dublin, especially with the members of the Irish Nurses' Association, who, with the members of the Nurses' Hostel, have their offices in St. Stephen's Green. We have no doubt, however, that there is compensation in the fact that they are close at hand to render assistance to the wounded. All reports received in this country prove that the nurses in Dublin did their duty most courageously, and exposed themselves fearlessly under fire in order to help the wounded to places of safety. But we know without telling that Irish nurses, with their keen sensibility and sympathy with suffering, are admirably qualified to uphold the best traditions of our profession in any emergency.

We congratulate American nurses on their devoted loyalty to the memory of their great leader, Isabel Hampton Robb, and also to their high educational ideals in work. In a few years they have raised a fund of close on £5,000, the interest of which is expended in providing educational facilities for American nurses.

PROFESSIONAL OPINION.

The *South African Nursing Record* comments on the fact that controversy is rife in Great Britain over the proposal to establish a Nursing College with a voluntary system of registration. Naturally, says our contemporary, the State Registrationists are opposing it tooth and nail, in England, Scotland and Ireland, while many who are opposed to the principle of State Registration welcome it as a sorely needed organisation of the very disorganised profession. Of course, the quarrel is outside our province, though naturally of interest to us, but our own opinion is that a thing like this should not be half done. It must be all or nothing; either a system of registration similar to that applied to our sister profession, or else no registration at all. We out here know only too well the evils of playing with the question.

THE PETER BENT BRIGHAM HOSPITAL.

The history of this hospital is quite modern, but deserves to be told, because it is the record of the noble generosity of the man whose name it bears. He was a citizen of Boston, U.S.A., and by the

nurse not be at hand, the patient, instead of calling, merely uses the red light signal which communicates with the register on the Head Nurse's table. It is a benefit to the patient, and acts as a check upon the nurse.

Perhaps nothing has changed more of late years than the treatment of typhoid patients, more

especially in dietetics. Coffee with cream, custard, and baked potatoes are some of the varieties of the menu in this hospital. We rejoice to find that the unchangeable—and to many patients unpalatable—milk diet is becoming obsolete.

The excellent beds are made to serve all purposes of locomotion. Whenever the patient has to be moved, including to the operation room, he is always conveyed on his bed.

Some of the facts of construction are so interesting that I will reproduce them from an illustrated pamphlet I have at hand.

Size: The Hospital covers about 10 acres of land. *Capacity:* 225 beds. *Construction:* Fire-proof throughout. *Ventilation:* By several systems, according to requirements: (1) By ordinary

provision of his will sufficient money was left to build the splendid group of buildings which comprise this hospital, one of the finest that I have seen anywhere. The sum was enormous. I am afraid to say positively, but I think I was told it was 10,000,000 dollars (about £2,000,000), which sum, I also believe, partly endows it.

Hospital construction has been brought to the highest point of mechanical art. Everything of the newest, most convenient, and labour-saving is to be seen here. It is built on the "Unit System," which has already been explained. The light signal system is in vogue here, the benefit of which is abundantly clear. It is attached to every bed, and should the



PAVILION C.



PAVILION C (SECOND FLOOR TERRACE).

use of wall windows, 2) by fans in monitor roofs, (3) by accelerating heating coils in stacks, (4) by inlet fans, (5) by outlet fans. *Air space in typical pavilions*: 2,400 cubic ft. per patient; this air can be changed five times each hour. *Heating*:—(1) Hot water direct, (2) by warmed granolithic floors in bed space, (3) by fanning filtered air over hot-water pipes into wards.

Hospital construction is one of the numerous subjects taught to graduate nurses at Teachers' College, Columbia University, New York, so perhaps it also interests some of the readers of the JOURNAL. Space will not permit of my describing in detail the method of training here; it will suffice to say that it is similar to that of the Massachusetts General, for Miss Hall, the Superintendent of Nurses, is also an educationist, and that is a comprehensive term. As at that hospital, so at this, the staff includes an instructor in theory, an instructor in practice, and a dietitian. I should have mentioned previously that the Massachusetts General Hospital is both ancient and modern. A large new block is being built, and the Out-patient Building and the Operating Building are very fine indeed.

BEATRICE KENT.

BOOK OF THE WEEK.

"NUMBER 70, BERLIN."

"That man knows too much."

"Do you really think he overheard?"

What he overheard forms the basis of the plot of Mr. Le Queux' latest novel.

The title of the book prepares us for the contents, which are thrilling incidents of the far-reaching ramifications of the German spy system in England. That which the confidential clerk Sainsbury heard was that Lewis Rodwell, one of the most popular and patriotic figures in London, had a secret cable that ran for three hundred miles or so beneath the black, storm-tossed waters of the North Sea to the very heart of the Imperial war-machine—"No. 70, Berlin."

Two of the company-directors of which Sainsbury was an official were discussing the question recorded above. How much had Sainsbury heard of a very inconvenient conversation.

"Of course he heard," said one. "But whether he understood is quite another thing."

Jack Sainsbury went from the office, reflecting seriously; he was the only person who knew the ghostly truth.

"These two highly patriotic men, whose praises were being sung by every newspaper up and down the country, whose charitable efforts had brought in hundreds and thousands of pounds, and hundreds of tons of comforts for our troops abroad, men who had raised their voices loudly against German barbarism and intrigue—they were traitors."

The reader is let into the secret of just how the spy, Lewis Rodwell, carried on his dastardly intrigue. He is allowed to follow the strange night journey in the powerful pale-grey car, till it came to a standstill a few miles from the sea on the east coast, and to accompany Rodwell in the wild night along the coast till he came to a fisherman's hut—the home of honest Tom Small and his son—typical Lincolnshire fishermen—who, father and son, had fished in the North Sea for generations.

Old Tom, some time previously to these happenings, had fallen into the hands of money lenders.

In his dilemma, he had been assisted by the wily Rodwell, and in return had allowed his hut on the shore to be used as the spy required. His subsequent misgivings were silenced by Rodwell's cynical assurance that any drawing back on his part would lead to his arrest and execution.

No one guessed that in the small, close smelling bedroom, under the wooden cover of a tailor's sewing machine, was an apparatus connected with the cable by which Rodwell transmitted to Berlin vital information connected with His Majesty's forces and the defences of the coast.

"Can't we leave this cottage, sir? can't we get away?" implored the old fellow.

"No; you can't. Any attempt to back out of your bargain will result in betraying you to your own people. You know the truth now. When Germany is at War, she doesn't fight in kid gloves—like your idiotic pigs of English."

But there was still Jack Sainsbury to be reckoned with, and the pressing need of the moment was to ensure his silence at any price.

Jack's friend, Dr. Jerrold, of Wimpole Street, who had enlisted his services to inquire into spies and espionage, committed suicide under circumstances that admitted of no explanation at the time; but it afterwards transpired that, like the old fisherman, he had years before fallen into Rodwell's hands, owing to money difficulties, and had been forced to perform a small traitorous act three years before the outbreak of the War. Nothing, therefore, was easier than for Rodwell to make the circumstance known, and to implicate Jack, who was his close companion. Jack was tried and condemned, but he held the trump card, and the information he gave to the authorities led to the discovery of the secret cable and the arrest of Rodwell.

Mr. Le Queux, in thus dealing with the spy system, throws light on the many and varied possibilities in which information to the enemy may leak out. Truth is proverbially stranger than fiction, and this story of Britain's peril leaves us thoughtful. H. H.

A WORD FOR THE WEEK.

The Soul shall struggle and stand

▲ In the end swift and free

As the stars, as the wind, as the night,

As the sun, as the sea.—*Barlow.*

*By William Le Queux. (Hodder & Stoughton.)

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A DOSE FIT FOR A NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the early years of the nineteenth century, my great grandmother, if a manservant fell ill, would send round to the apothecary's for a *dose fit for a footman*.

History has a habit of repeating itself, and we are now seeing other great-grandmothers—equally concerned for the health of those beneath them, equally anxious and equally ignorant—sending round to other apothecaries for a *dose fit for a nurse*.

Did the footman take his dose? History is silent. Shall we take ours? I think that we have had and are daily having an answer to the question, in the expression of indignation which has greeted the offer of that dose. From our own nurses—English, Irish, Scottish—from those at home and those at the Front, from Africa, from Australia, from America, indignant protests against the so-called College of Nursing, under lay nomination and control, have been expressed. We will not take our dose. Why should we?

Already, for many years, we have laboured to evolve the precious remedial measure of State Registration (not State Recognition, save the mark), worth a hundred per cent. more than the wretched bolus offered to us in ignorance. And by that measure we stand.

The time has gone by when the uninformed layman can take charge of professional interests and govern, from a lay standpoint, professional knowledge in any profession. If we nurses are true to ourselves, our profession, and our professional standard at this crisis—if we refuse our dose, the layman *must* give way. Only we must stand firm.

Yours, &c.,

ALBINA BRODRICK.

GOVERNMENT BY CONSENT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Why not republish the article headed "Government by Consent," which appears over your signature in THE BRITISH JOURNAL OF NURSING last week, in leaflet form? Thousands of nurses agree with it. I was talking it over with a fellow member of the Barts' League and she said, "The history of our League proves how moderately trained nurses act when they have the responsibility of self-government. What would be the result if the secretary and clerks in the Renter's Office claimed the right to appoint

our President and Executive Committee on terms which empowered them to re-nominate themselves to office year after year?" To which I replied "There would be no Barts League in twenty-four hours' time." "Or," she replied smiling, "no Renter's Office."

Yours faithfully,

A FAITHFUL BARTS SISTER.

"THE LEAST THE NATION CAN DO."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad to see that Sir Frederick Milner, who, as you say, is always sympathetic with sick and wounded soldiers, is drawing attention to the very real hardship occasioned when a man is discharged invalided from the Army, his pay and allowances cease, and he has nothing to live upon until his pension is fixed. It may seem a small thing, if he has a prospect of a pension in a few weeks' time; but the only thing that is at all comparable to it is if the income of a man in better circumstances suddenly ceased and he were uncertain when to expect his next dividends. And the situation is not then really on all fours, because the well-to-do man could borrow on his securities, whereas the discharged soldier, with no security to offer but his expectations is invalidated, needing all those little comforts which go so far to alleviate ill-health—but not having the wherewithal in many instances to obtain even the necessities of life, just when he feels depressed and anxious about the future. Of course, he gets his pension eventually, but why not, as Sir Frederick Milner suggests, continue his pay until his pension becomes payable? It is the least the nation can do to show its gratitude to those who have risked their lives on its behalf, and suffered in so doing.

Yours faithfully,

A GRATEFUL CITIZEN.

OUR PRIZE COMPETITIONS.

May 13th.—Mention some of the causes which may delay delivery in childbirth, and the course you would adopt to assist the patient in each case.

May 20th.—How would you nurse a patient in a continuous bath?

May 27th.—What is uterine inertia? What are its varieties, and how would you treat each kind?

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Fridays, May 5th and 12th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

The Midwife.

A SCHOOL FOR MOTHERS IN PETROGRAD.

This month's *Englishwoman* contains an exhaustive article by Miss Violetta Thurstan on "The Refugees in Petrograd and Moscow." It is, of course, full of interest. Of the work of the Municipal Committee at Petrograd she says:—

"A most excellent piece of work done by the Municipal Committee is the opening of a School for Mothers, which is quite a new experiment for Russia, and was designed as a means of partially solving the problem of the terrible infant mortality. In other European countries the infant mortality is higher in the large industrial cities and lower in the more healthy country districts. In Russia it is the reverse—the infant mortality is lower in the large towns and higher in the country; and this is because the women in the towns have more education, and know better how to bring up their children than the ignorant peasants, who still practise all kinds of superstitious horrors on their unfortunate babies. The School for Mothers is a resident Home for forty refugee mothers, where they are carefully taught the best way of rearing infants. They stay there for three months—one month before the birth of their child and for two months after it. Unfortunately, the house is not large enough, and they have not a sufficiently well-trained staff to allow of the birth of the child in the Home, so the mothers are obliged to go to one of the town maternity hospitals for their confinement. When they return they are carefully and minutely taught how to bathe, feed, dress, and weigh their child, and the great art of cleanliness is laboriously instilled into them. It is hoped by this means to diffuse a few basic facts of infant welfare among these people, who need the knowledge so badly.

"One of the nurses in the hospital told me that the babies were weighed eleven times a day. This really seemed like overdoing it, but the doctor explained this zeal. Many of the mothers have foster-children given them to feed as well as their own child. In order that their own baby shall have plenty they sometimes deny their milk to the strange baby, with the result that it pines away, while the other waxes fat and lusty. In order to prevent this, the babies are weighed immediately before and

after each meal, so that this trick is instantly discovered if anyone tries it on. The after-care of the child is not forgotten. When the mother leaves the hospital, the trousseau that she has been making for herself and baby is given to her, and many last rules and directions for its upbringing. One of the Sisters at the Home keeps an eagle eye on the mother to see if she is carrying out what was taught her, and visits her regularly at home, at first weekly, and then, if the child is doing well, every fortnight, till it is six months old. It is a great pity that this excellent institution can only touch such a very limited number of refugee women."

CARE OF INFANT LIFE.

At the recent Annual Meeting of the Norfolk Nursing Federation, presided over by the Countess of Albemarle, the Hon. Secretary, Mrs. Colman, reported that early in April she had received a grant of £85 from the Local Government Board, which was, however, only a third of the sum she applied for. At any rate, the grant forwarded was encouraging, and they hoped it might be taken as an earnest of future assistance. The fact that a grant had been made showed that the Local Government Board now recognised the midwifery work done by the Federation.

The Federation, which is evidently interested in midwifery, and no doubt is doing good work in this connection, should surely more properly be called a "Midwifery Federation," for a society composed of 53 affiliated local associations, employing at most seven fully-trained nurses cannot rightly be described as a nursing association. Here are the official figures:—

| | | | | |
|-------------------------|----|----|----|----|
| Queen's Nurses | .. | .. | .. | 3 |
| Hospital Trained Nurses | .. | .. | .. | 4 |
| Village Nurses | .. | .. | .. | 32 |
| Cottage Trained Nurses | .. | .. | .. | 14 |

53

During the year 12 candidates were sent for training. One had broken down in health, 14 had completed training during 1915, and all passed the C.M.B. examination.

A feature of the meeting was an address by Dr. Nash, Medical Officer of Health for the County, who said that at the beginning of the present century many medical men, and not a few medical officers of health, did not realise what an enormous amount of wastage was going on in infant life, but since then there had been earnest investigators who had been carefully collecting, tabulating, and analysing statistics, and others who had searched further into the causes of infant disease and death, and we were gradually making progress.

After demonstrating the influence of the common house-fly on infant mortality and the diminution of the deaths from diarrhoea with the adoption of anti-fly methods, he said that since ignorance was the chief cause of disease it was necessary first for those who wished to enlighten ignorance to themselves acquire such knowledge as is available. If, as he hoped, the nurses of the Federation were coming into the work of infant welfare, they should themselves first receive the instruction which they would have to impart, and in this connection it had recently been wisely decided that all probationers in training should have a longer course of training, and that special attention should be given to infant care in the extended period of training. Clearly the blind could not lead the blind without danger, and therefore the would-be teachers must first be taught. The question of infant welfare was one of the most important of national problems. Indeed, it was a military problem of the future.

Mr. John Burns had said that "Health is more than wealth; physical strength and moral courage must go with organised and individual culture. For this the parents must be cleanly wed, and the children nobly bred, wisely fed, and firmly led." If the parents were cleanly wed, many of the ante-natal causes of still births and immaturity would be eliminated as well as the worst cases of inflammation of the eyes of the newly born, which endangered eyesight. The next direct work with regard to child welfare was largely in the care of the midwife, and although the Midwives Act had already effected much improvement, all would agree that there was yet scope for further improvement.

LECTURES ON INFANT CARE.

A special Course of Lectures on Infant Care for Nurses and Midwives, arranged under the auspices of the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, will be held from May 8th to June 23rd. On Mondays from 3 to 4 p.m., by kind permission of the Royal Society of Medicine at 1, Wimpole Street, W., and on Fridays from 3 to 4 p.m., by kind permission of the College of Ambulance at 3, Vere Street, W. Medical practitioners and Students may attend any or all of these Lectures.

An examination for which there will be no extra fee will be held at the close of the course, and certificates awarded. Fees for the whole Course of Lectures, 5s.; for a single lecture, 1s. Tickets which are not transferable must be purchased in advance. No tickets, whether for the whole Course or for single lectures, can be paid for at the door. Application should be made to Miss Halford, Secretary, National Association for the Prevention of Infant Mortality, 4, Tavistock Square, W.C.

The lectures at the Royal Society of Medicine will be on Monday, May 8th, 15th, 22nd, 29th, and June 5th and 19th, and at the College of Ambulance on Friday, May 12th, 19th, 26th and June 2nd, 16th, and 23rd.

THE LEICESTER AND LEICESTERSHIRE MIDWIVES ASSOCIATION.

The Leicester and Leicestershire Midwives Association, of which Miss E. Pell Smith is President, although a young association is able in its second Annual Report to announce steady progress in both town and county, and an increasing interest shown both by the members themselves, and by others interested in midwifery and infant welfare in its work.

In spite of difficulties arising from the war many most helpful and instructive addresses have been given, and the monthly meetings, and the discussions on these addresses have shown how fully the midwives have entered into and followed the subjects lectured on.

These subjects have covered a wide field including "Cancer in Women," by Dr. Bessie Symington; "The Aim of Midwives Work," by The Lady Mary Glyn; "The Opportunities of a Midwife," by Lady Beaumont; "Practical Points in a Midwife's Work," by Dr. Wykes; "Flies," by Miss Titley; "Child Life and the War," by Nurse Prior; "Midwifery in Ireland," by Miss Bacon, &c. The Association has also had much hospitality shown it, and the members have thus been able to enjoy very pleasant social intercourse.

Owing to her increasing duties, Miss Howe has resigned the office of Secretary and Mrs. Sneesby (née Fisher) has been appointed in her place. The Association lost by death during 1915 Mrs. Brant, a midwife of the best type, and the report records the gratitude of the association for her example. Two of the members represented it at her funeral, and a wreath was sent from the members.

In October a library was started for the use of the members. The books are kept at the Maternity Hospital and may be taken out at any time and kept for a month, or longer if no one else wants them. Donations have been received from Dr. Bond and Dr. Lilley, and gifts of books from the Central Institute, Mrs. Hedley Neale and Miss Canty, so that the Association has the nucleus of a very valuable library which, it may be hoped will be added to as it is increasingly needed.

Like most societies managed by women the Association closed its financial year with a balance in hand, £3 4s 2½d. in the general fund, and a shilling in the library fund.

We hope the Association will flourish and increase, and do much good work for the profession at large besides being a source of pleasure and inspiration to its members.

The objects of the Association are :—

1. To promote the honour and interests of the Midwives Profession.
2. To take such steps as may be advisable to improve the education and usefulness of Midwives.
3. For mutual help and encouragement.

A three-fold cord is not quickly broken.

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EDITED BY MRS BEDFORD FENWICK

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EDITORIAL.

ARE V.A.D.S TO BE REGISTERED?

The one burning question which invariably crops up whenever a few trained nurses are gathered together to discuss professional affairs is "Are V.A.D.s to be Registered?" There is not a nurse who has worked in connection with them who does not at once wax eloquent on the subject of V.A.D.s, and the trials she has experienced. Not in relation to individuals, many of whom she recognizes would make capable nurses if trained, though many would be scrapped in their first month's trial, but because the whole organization of this voluntary help is on wrong lines.

The large numbers of young and quite inexperienced girls who have been sent abroad to work in military hospitals, their inflated ideas of their own importance, their unreliability, as they stay off duty on the slightest pretext, the snobbery which declares that the trained nurses, who are paid are there to do the work, and that the V.A.D.s are to have a good time, although they themselves are highly paid as unskilled workers, all these are grievances which are poured out if any outlet offers.

What trained nurses—who have suffered many things at the hands of V.A.D.s—wish to know is, Are they to be still further confused in the public mind with these immature and untrained workers, by registration by the same authority? Is it even possible that the V.A.D., whose uniform has already received the protection of the State, while every criminal at large may don that of the trained nurse with impunity, will receive further recognition and protection before the trained nurse, who has pleaded—and pleaded in vain—for State registration for the protection of the sick and of her own skilled work for the last quarter of a century? Is it to be bitten into the soul of the highly skilled worker, as with a

corrosive, that the amateur can with ease obtain, through social influence, the recognition denied to her own scientific work for the community?

These are questions that the Council of the College of Nursing, Ltd., which has assumed the authority to register the V.A.D.s, will have to very carefully consider. A very great responsibility will rest upon that Council, more especially as it has no mandate from the members of the Nursing Profession to define their professional standards, or to exercise authority over them.

It therefore appears to us to be the first duty of the Council of the College to state, in black and white, the conditions under which it proposes to register trained and untrained workers, so that trained nurses, before they put their names on any list, will know under what conditions the Register is to be compiled, and what facilities are to be given to untrained women to compete with them.

Both the Order of St. John and the British Red Cross Society have their own well-defined constitutions for the organization of their Voluntary Aid Detachments, and there is therefore no excuse whatever for associating any of their members with the highly trained members of the nursing profession. All improvement in the organization of the nursing section, and in the supervision of Red Cross workers, should be undertaken at the end of the war, by the Red Cross Society itself. In this connection we would strongly advise the British Red Cross Society to acquaint itself with the admirable organization of the Nursing Section of the American Red Cross Society, and to adopt the same just and efficient standards for all those entrusted with the care of the sick. The question whether V.A.D.s are to be registered would then automatically disappear, because the American National Committee of the Red

Cross Nursing Service insists that every soldier in his hour of need, shall be provided with the same standard of highly skilled nursing as the country demands in relation to his medical and surgical care.

OUR PRIZE COMPETITION.

MENTION SOME OF THE CAUSES WHICH MAY DELAY DELIVERY IN CHILDBIRTH, AND THE COURSE YOU WOULD ADOPT TO ASSIST THE PATIENT IN EACH CASE.

We have pleasure in awarding the prize this week to Miss Grace A. Tomson, Audley Gardens, Seven Kings, Ilford.

PRIZE PAPER.

Delay in delivery in childbirth may be due to many causes, but the chief ones are the eleven following:—(1) Deformed or contracted pelvis; (2) deformity of fœtus; (3) abnormal presentation, such as face or shoulder; (4) presentation of cord; (5) placenta prævia; (6) uterine inertia; (7) loaded rectum; (8) distended bladder; (9) twins or triplets; (10) an abnormal quantity of liquor amnii; (11) owing to second, third, or fourth vertex presentation.

It is wise to discover by vaginal examination as early as possible the probable cause of the delay, and, from a midwife's point of view, if it be due to any of the first five reasons mentioned, a doctor should be sent for immediately, as it will be far easier for him to counteract some of the causes before the membranes have ruptured. Meanwhile, before he arrives, in the case of a cord presentation, the patient should be advised to adopt the knee and elbow position, while the midwife, with a thoroughly disinfected hand, gently presses back the cord as far as possible, so that during the pains it will not get squeezed between the fœtal head and the bony parts of the pelvis, which would cause the child to be born asphyxiated or dead.

If placenta prævia should be present, efforts should be made to arrest the hæmorrhage as far as possible by using the following treatment:—Put the patient to bed at once, with her head low and the foot of the bed raised. Plug tightly the vagina with gauze or pledgets of wool soaked in weak lysol or biniodide of mercury; keep these in place with a T bandage, and apply a tight binder round the abdomen. Have plenty of boiling and sterilised cold water ready in case of necessity later on.

The other five causes mentioned can generally be treated successfully by the midwife herself in the following ways:—

(6) Uterine inertia is sometimes due to relaxed muscles of the abdomen or over-tired-

ness of the patient. Gentle friction of the abdomen with the hand will sometimes help contraction. The patient's strength should be maintained by nourishing food, chiefly in liquid form. If the condition is due to over-tiredness or exhaustion, the pains often come on more strongly if the patient can be induced to sleep.

(7) *Loaded Rectum*.—If possible give $\frac{1}{2}$ oz. of castor oil, and follow up later on by giving a copious enema of fairly warm soap and water, injected slowly.

(8) *Distended Bladder*.—If the patient is unable to relieve the bladder naturally, the urine must be drawn off with a catheter. A soft rubber No. 8 will be found the most convenient sort.

(9) *Twins or Triplets*.—If the presentation is normal, only patience is required.

(10) *An Abnormal Quantity of Liquor Amnii*.—It is often necessary to rupture the membranes and to apply a tight binder to the abdomen, as this will help to bring the fœtal head down lower in the pelvis.

(11) *Second, Third, or Fourth Vertex and Breech Presentations*.—As a rule, very little can be done in these cases to hasten delivery; only much patience is required, and, in a breech presentation, much care should be used in the delivery to ensure the child's legs or arms do not get dislocated or broken in the process, and that the head is kept flexed. The midwife may insert two or three well-lubricated fingers of her right hand into the vagina, and gently bring the limbs down into place, making sure that the arms do not get extended over the head. In dealing with cases of breech presentation she must remember the rules of the Central Midwives Board as to the conditions in which she is enjoined to send for medical help.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Catherine Wright, Miss S. Simpson, Miss J. Robinson, Miss F. Gregory, Miss F. James, Miss Dobson.

QUESTION FOR NEXT WEEK.

How would you nurse a patient in a continuous bath?

INFANT FEEDING.

Dr. F. S. Toogood, lecturing at Bedford College for Women on "Infantile Dietetics," said that an infant of from a day to four weeks old should have nine feeds in the twenty-four hours from a mixture which should include from one to six ounces of top milk, from one to two ounces of lime water, three to six ounces of sugar, and ten to twenty ounces boiled water.

NURSING AND THE WAR.

The following *communiqué* was issued by General Sir John Maxwell last Sunday night and is greatly appreciated in Dublin:—

"I desire to express my sincere appreciation of the services rendered during the recent disturbances in Dublin by the medical, surgical, and nursing staffs of many of the city hospitals, and in particular of the gallantry shown by those nurses who exposed themselves to a heavy fire in attending to and removing the wounded.

"Also to the members of the Red Cross and St. John Ambulance Societies and the many medical men and private individuals who gave assistance in attending to the wounded or placed their houses at the disposal of the military for use as dressing stations. In numerous instances these services were rendered at considerable personal risk and under circumstances reflecting the greatest credit on those engaged in them."

May 12th is the anniversary of the birthday of Florence Nightingale. In commemorating "the Lady of the Lamp" we are to have "Lamp Day," when little paper lamps will be sold in the streets, in support of the Women's Service Bureau, the Women's Emergency Corps, and the British Women's Hospital at Richmond. Lady Brassey and Lady Cowdray have lent their houses as depots, where lamps will be sold. Many celebrated actresses will be amongst the saleswomen.

Six more nurses and a doctor have gone out this week to Corfu, under the auspices of the Wounded Allies Relief Committee, of Sardinia House, Kingsway, W.C., to the relief of sick and wounded Serbian soldiers. Dr. Philip Gell Garrett is the doctor, and the nurses are the Misses Agnes Richley, Edith Wedderburn, Jean Miller, Ellen Brimson, Alice Aitchison Brown, and Jessie Edith Borlase.

We may be very sure there was terrible sickness and suffering amongst the troops in Kut, and one rejoices to know that by exchanging sick prisoners 1,073 of these heroes have reached the Headquarters of the British Tigris Corps by hospital ship. No doubt Miss Phoebe Watt, R.R.C., and her nursing staff are in the midst of this important work, and let us hope a sufficient supply of trained Sisters will ultimately arrive. The hospital ship started again for Kut on May 8th, to bring back the last party.

The *Times* announces that the Association of Swiss Hotelkeepers has addressed a circular to proprietors of hotels asking them to give gratuitous accommodation for a period of three weeks during June, July, August, and September to Red Cross nurses on leave, of all countries. It is expected that hospitality will be provided for some hundreds.

The *Gazette* of the 3rd London General Hospital, Wandsworth, is one of the most original and

amusing illustrated journals which finds its way into our editorial letter-box, and each month it "goes one better."

This month the Matron, Miss Holden, describes "Our visit to Buckingham Palace," when 130 of the patients were invited to tea by His Majesty the King, and when "Her Majesty Queen Amélie went with us as our probationer and Sister Barrett and I had the honour of going with her in her car at the end of the procession."

"After a long drive we reached the Palace. The buses all went in at the entrance for the Mews, but the men at the gate, seeing Queen Amélie in the car, wanted the chauffeur to drive round to the Palace entrance. However, Her Majesty eventually persuaded them to let us in, after repeatedly calling out, 'I want to go with the men; I am a visitor and a probationer, and I want to go in with my patients.'"

Miss Holden describes what a splendid time they all had as guests of the King and Queen.

FRENCH FLAG NURSING CORPS.

Miss Grace Ellison will speak of the work of the French Flag Nursing Corps at a meeting of the Indian Empire Club on the 10th inst., as we go to press. The Meeting has been arranged by Mrs. Murray, and the President of the Corps, the Vicomtesse de la Panouse, will support the Chair.

Miss Ellison has made a most successful appeal in Liverpool where £220 has been collected at the various meetings she addressed.

In response to an address before the Liverpool Women's War Service Bureau, the following munificent gift has been donated to the Corps:—Pillows, pillow cases, 200 socks, 100 day shirts, 50 night shirts, 100 pyjamas, 25 bed jackets, 275 handkerchiefs, 40 towels, 3 boxes soap, 100 bags, 200 mufflers, 200 mittens, 12 pairs sheets, 30 pairs bedsocks, French books, Bengers' Food and arrowroot. This splendid "haul" has been packed in four consignments and sent to Sister Robb, Besancon; Sister Way, Verneuil, Sister Mitchell, Fismes; and Sister Conway-Gordon, Port-a-Binson.

There is so much coming and going from the trenches amongst French soldiers that they need a constantly renewed supply of under-clothes and ward comforts. The Committee is most grateful to the women of Liverpool for their generous help.

Miss Alice L. Brunning, cert. and Second Assistant Matron, Camberwell Infirmary, and Miss Mary K. Coleman, cert. Government Hospital, Kalgoorlie, West Australia, who has just returned with Lady Paget after a year's service in Serbia, according to present arrangements, leave for France on the 12th inst.

The second Canadian Unit, selected by the War Committee of the Canadian National Associa-

tion of Trained Nurses sailed from Montreal on May 9th, and the Committee of the F.F.N.C. greatly appreciates the public spirit of the National Association of Canadian Nurses, and the generosity of the Canadian public in financing the units. As each nurse costs the War Committee 350.00 dollars (travelling expenses to and fro to London being provided) and sixteen nurses having now been sent, it will be realised how handsome a sum has been contributed through the National Association towards the relief of suffering in French Military Hospitals through the F.F.N.C.

The following is the list of nurses of the 2nd Unit:—

(1) Miss Sadie Jackson, (2) Miss Ruth Craig, (3) Miss Ferne Cryslar, and (4) Miss Annie Gardiner, all graduates of the Western Hospital, Toronto; (5) Miss Florence Irwin, graduate Rochester General Hospital, New York; and (6) Miss Sarah Cannon, graduate St. Luke's Hospital, New York.

Sister Judith Smith writes from Cabourg, where she is attached to the Massage unit of the Corps:—"I wish to return sincere thanks to the kind friend, Miss E. K. Irving, who has sent me a present of cigarettes for the soldiers in this hospital. It was indeed a kindly thought which prompted the generous sender as our French soldiers love a cigarette "Anglaise," and I most gratefully acknowledge the parcel. It is such a joy to us to be able to give a little pleasure to these brave men, who so patiently and cheerfully spend weeks and even months here regaining power in a useless limb, with only the prospect of returning to the trenches and enduring the same hardships of war once more. Many of the patients have had nerve injuries; and the monotonous life in a Convalescent Hospital must be very trying that such a little thing gives pleasure. We are having a Cigarette Day in the Salle de Massage, when each *malade* will receive a packet of English cigarettes and will go away happy at the end of his massage treatment. May I, please, thank Miss Irving through the Journal most sincerely on the part of the French soldiers."

We like this idea of a Cigarette Day and feel sure Sister Judith Smith will be pleased to receive contributions for the patients at Cabourg, who appreciate them so much. Please address her at Hôpital Militaire, 40, Grand Hotel, Cabourg, Calvados, France, and don't forget cigarettes must be specially declared and exempted before being sent into France.

Now that the summer is coming, the *peniches* (hospital barges) will again be used for the transport of sick and wounded. Our Sisters enjoyed working on them last year and Sister Gill has already been requisitioned for service on No. 2.

JOINT WAR COMMITTEE.

The following Sisters have been deputed to duty in Home Hospitals:—

Red Cross Hosp., Holt.—Miss E. J. Reid.
St. John's Hosp., Farnham.—Miss L. Dakin.
Hoole Bank Hosp., Chester.—Miss C. Mullen.
Secondary V.A.D. Hosp., Salcombe.—Miss E. L. Coome.
Star and Garter Hosp., Richmond.—Miss F. Johnston.
V.A.D. Hosp., De Walden Court, Eastbourne.—Miss G. Pickman.
The Priory Mil. Hosp., Frimley.—Mrs. A. M. Alexander.
Mil. Relief Hosp., Longleat, Warminster.—Miss B. MacMurkie.
V.A.D. Hosp., Priory Military Hosp., Frimley.—Miss B. MacMurtie.
Red Cross Hosp., Hale End, Woodford.—Miss E. W. Munro.
Abbot's Barton, Canterbury.—Mrs. E. M. Crowther.
Northlands Red Cross Hosp., Emsworth.—Mrs. E. Waters.
Regent's Park Hosp., Southampton.—Mrs. M. H. Goldsmith.
Hillingdon V.A.D. Hosp., Hayes End.—Miss May Brereton.
Red Cross Hosp., Highfield Hall, Southampton.—Miss M. C. Ince.
V.A.D. Hosp., Trowbridge.—Mrs. H. F. Gray.
Red Cross Hosp., Southerndown, Glam.—Miss A. M. Hore.
Red Cross Hosp., Gillingham, Dorset.—Miss L. Wallis.
Well Dale, Alford, Lincs.—Miss J. M. Jones.
Miss C. de Nully Fraser.
The Rock Hosp., Frinton-on-Sea.—Miss H. Appleton, Miss A. Kelly.
Convalescent Camp, Eastbourne.—Miss L. Croft.
Aux. Hosp., Branksome Park, Bournemouth.—Miss M. Beale.
V.A.D. Hosp., Strood, Kent.—Miss B. A. Brewin.
V.A.D. Hosp., Gl. Hermitage, Higham, near Rochester.—Miss A. M. Bacon.
Oakwood Military Hosp., Chigwell.—Miss G. A. Hextall, Miss E. Nelson.
Red Cross Hosp., Cawston Manor, Norwich.—Miss A. A. Grennan.
Clandon Park, Guildford.—Miss F. N. Sullivan.
Red Cross Hosp., Louth, Lincs.—Miss A. Snape.
44, Kensington Park Road.—Miss L. K. Davies.
Aux. Hosp., Inniscarra, Reading.—Miss M. E. Bryant.
St. John's Hosp., Fareham.—Miss G. H. Imrie.
Red Cross Detention Hosp., Southampton Docks.—Miss M. Fielding.
North Staffs Infirmary, Stoke-on-Trent.—Miss H. M. Stimson.
5, Nottingham Place.—Miss B. Hardbottle.
Kempston, Granville Road, Eastbourne.—Miss C. M. Allan.
Red Cross Hosp., Ardeleigh, near Colchester.—Miss F. M. Kitty, Mrs. C. E. S. Walter.

CONSTITUTIONAL GOVERNMENT FOR THE NURSING PROFESSION.

MEETING AT CAMBERWELL INFIRMARY.

THE CAMBERWELL INFIRMARY, where there are only 132 nurses to 838 patients, those nurses work very hard, and their recreation hours are all needed for rest and quiet enjoyment; nevertheless, although the evening hour was late, a large number, including the Sisters, assembled in their beautiful and capacious sitting-room to listen to an address which Miss Beatrice Kent

Ltd. and that provided for by the Bill for State Registration now before Parliament; and also the meaning—material and spiritual—of freedom of the Nursing Profession, for which a long and weary battle had been fought. She earnestly appealed to the Nurses to do all in their power to help to bring this battle for justice to a successful conclusion, the need being never more urgent than it is at present. With due regard to the busy lives of Nurses it was pointed out that there are three ways in which the busiest nurse can help namely: 1.—*Become a member of the Society for the State Registration of Trained Nurses.* 2.—*Write a letter to their local*



A GROUP OF SISTERS AT ST. GILES' INFIRMARY, CAMBERWELL.

was privileged to give on State Registration and the College of Nursing Co., Ltd., on Friday, May 5th. The good attendance was specially gratifying, as it had been made clear to them that they were free to attend or not, as they pleased. Miss Marquardt, their Matron, rightly says that she does not approve of compulsion.

The speaker, in her opening remarks, said that in considering any kind of organization which was intended to benefit a large number of people, the essential thing was the Constitution or Government. Everything else was relatively unimportant. She explained the essential difference between the Constitution of the College of Nursing

Professional Journal, THE BRITISH JOURNAL OF NURSING, and the views of the others about State Registration.

Miss Marquardt, in closing the meeting, expressed the view that the chief danger of the College of Nursing Scheme is that it provides for too much power to be given to employers and, conversely, too little to the workers.

The nurses of the Camberwell Infirmary are to be congratulated on having a Matron imbued with so liberal a spirit.

Miss Marquardt kindly invited her guest to dine and spend the night with her. After dinner she conducted her over some parts of this great

institution, which is twice the size it was when the Matron was appointed. She has no doubt watched its growth and many improvements with much satisfaction. Sounds of seductive dance music and merry-making drew them first to the nurses' sitting-room, or salon, that being a more appropriate word. A fancy dress entertainment for the night nurses, to celebrate the passing of the final examination, was drawing to a close. The obtrusive Monkey Soap man, with the slavey polishing the frying-pan, and many Boy Scouts were among this motley assembly. An hour later the scene changed. In the same salon sat rows and rows of nurses in "cap and gown" of the neatest and nicest, and it might have been a puzzle to the visitor had she been asked to pick out the monkey man and his companion and the Boy Scouts from among them.

It is a moot question as to whether the nurses had the greater enjoyment or their Matron, who watched their pleasure, for the deep interest she takes in the welfare of her Nurses is very apparent as one talks to her. Most English Hospitals well deserve their reputation for cleanliness, order and neatness, but the visitor never remembers having seen one *more* deserving of that reputation, than the Camberwell Infirmary, from the spick-and-span uniform of the nurses and maids to the bare walls and floors. An almost unique feature is the block of round wards. Another of very special interest and attraction is the accommodation for open-air treatment on the roof, combined with roof gardens.

PROFESSIONAL OPINION.

The *Nursing Journal of India* says:—"There is, at present, a great controversy raging in the British portion of the Nursing Profession, on the subject of State Registration; and we think our readers in India may perhaps like to know more on the subject. The people in favour of State Registration have for years past been asking Parliament to grant them the right to organize their own profession; but, year after year the Premier has refused the second reading of the Bill. Ten years ago, a Select Committee of the House of Commons reported that a Register of Nurses should be kept by a Central Body appointed by the State, and in November 1908 the Nurses' Registration Bill passed the House of Commons with the support of the Liberal Government. Again in 1914 this Bill was supported by an overwhelming majority. It asks for self-government, power of independent examination and the power of exercising discipline in the profession. There have been, during the present war, such a number of instances of untrained women undertaking the nursing of serious cases, and commanding trained women often with disastrous results, that the Hon. A. Stanley, Chairman of the Joint War Committee has proposed, as an intermediate measure, the formation of a Voluntary College of Nursing, incorporated under the Board of Trade, through which it is arranged to organize

the Nursing Profession, fix examinations, and grant certificates of efficiency. This proposal is sent out on the official paper of the Joint War Committee and signed by the Chairman the Hon. A. Stanley. The Committee he proposes . . . are to appoint examiners, and to accept certain examinations of certain hospitals. . . This College of Nursing is also to control all the women's work in hospitals and a suggestion is made of different grades of nurses. Where is the sense of this? Registrationists want legal status, an Act of Parliament to replete legally the whole of the Nursing Profession and its work—to appoint a Governing Body elected by nurses themselves and a Nursing Council to define the educational curriculum of nurses and to force hospitals to train their nurses to a recognized standard of proficiency, also an independent Board of Examiners whose certificate qualifies for legal registration. The ideal of the Registrationists is a splendid one. It seems to us a pity—nay, a shame, to fall short of it as is proposed."

THE COLLEGE OF NURSING, LIMITED.

APPOINTMENT OF SECRETARY.

Miss Mary S. Rundle has been appointed Secretary. Miss Rundle was trained at St. Bartholomew's Hospital, E.C., where she subsequently held the positions of Night Superintendent and Assistant Housekeeper. She has also been Night Sister, Sister Housekeeper and Acting Assistant-Matron at the Royal Free Hospital, Gray's Inn Road, W.C. In 1910, she was selected by the League of St. Bartholomew's Hospital to hold the Isla Stewart Scholarship at Teachers' College, Columbia University, U.S.A., for a year; and in July, 1912, was appointed Matron of the Royal Hospital for Diseases of the Chest, City Road, E.C., an appointment she has held till the present time. As a member of the Territorial Force Nursing Service she was mobilized as Matron of No. 1 General (City of London) Hospital, Camberwell, on Miss Acton's selection for service abroad in 1915.

The office to which Miss Rundle has now been appointed will be no sinecure. There are now two strong parties in the nursing world—the constitutional registrationists, and those who, through the College of Nursing, have recently declared their adhesion to the principle of State Registration. But until the two have met in conference to discuss the possibility of an agreed Bill, it will not be known whether the latter have advanced sufficiently to accept the principle of direct representation of the Nursing Profession on its own Governing Body, as provided in the Nurses' Registration Bill, approved both by the Houses of Lords and Commons. Whatever standards for registration are adopted by the present Council of the College will be enforced without the consent of the profession at large, as it is a body appointed by the seven lay signatories of the College Company, and is not directly elected by trained nurses themselves.

GUY'S HOSPITAL NURSES' LEAGUE.

The Annual Dinner of the Guy's Hospital past and present Nurses' League was always a very pleasant function, and that this year was no exception to the rule although the work of the members in connection with the war and the lack of railway facilities, was no doubt responsible for the absence of some familiar faces.

annual dinner of four courses at Guy's Hospital.

Tea and coffee were served in the hall after dinner and some excellent vocal and instrumental music was meanwhile provided by members of the nursing staff. Guy's Hospital seems to have a steady influx of musical talent amongst its probationers.

The chair at the business meeting, which was unusually brief, was taken by Miss Atkey, who

congratulated Miss Swift on her dual honours as a recipient of the Royal Red Cross, and as a Lady of Grace of the Order of St. John of Jerusalem.

THE YEAR'S WORK.

Miss Haughton as Hon. Secretary, presented the report of the year's work, which stated that 175 week-ends and days off had been spent at the Cottage and 1,573 short visits for tea, &c.

Very little had been done on account of the war with regard to the different Societies and Clubs. The Musical and Debating Societies had held no meetings, nor had there been any Lawn Tennis or Swimming Tournaments, though both the Tennis Court and the Swimming Bath had been used a great deal.

In December a small gift and greeting card were sent to Guy's Nurses working abroad with best wishes from the Nurses' League.

In conclusion the report recorded with regret that the League had lost three members by death since its last Annual Meeting: Miss E. Witherow, Miss Beatrice Cheesman, and Miss Helen Herrman, formerly Sister of the

Accident, Mary, and Clinical Wards.

STATEMENT OF ACCOUNTS.

In the absence of the Hon. Treasurer, Mrs. Cameron, Miss Haughton also presented the Statement of Accounts. The receipts for the year were £301 ss. 1d., and the expenditure £227 7s. 7d. There was therefore an excess of income over expenditure of over £70, which, with the balance



A BEAUTIFUL NURSES' HOME: GUY'S HOSPITAL.

Miss Haughton, who presided, was supported by Miss S. A. Swift, R.R.C.; Miss Minnie Leng, home from Egypt; Miss E. Margaret Fox, Miss Atkey, and others, and a very excellent dinner was served in the Dining Hall of the Nurses' Home, the most attractive in London. We think the members of the League must wish that the purchasing power of a shilling were always as large as it is when they pay for their League

which was in hand at the beginning of the year left a sum of £118 13s. 1d. in hand; but this would be greatly reduced by the printing of the Register of Guy's Hospital Nurses. As the Governors had promised to help with building the extension to the Cottage as soon as the war is over the League had not asked for the grant of £300 they had given for several years. Now that the debt on the Cottage had been brought down to £1,000 the yearly subscriptions provided sufficient funds, if there were no extraordinary expenses. This year the subscription of the Sisters and Administrative Staff had been reduced from 10s. 6d. to 5s. and of the third year nurses from 12s. to 10s.

The League had voted £5 5s. to the Club started by Mrs. Robertson Eustace for Army Nurses in France as a slight recognition of the kindness members had received there.

The great number of Honours conferred on Guy's Nurses during the war were then enumerated. These have already been published in this journal.

Nearly 200 Guy's nurses were working in connection with the war in Egypt, Salonica, on the way to Mesopotamia via Bombay, in France, Flanders and British East Africa, and Nurse Plant was interned in German East Africa.

MEMBERS OF COUNCIL.

Miss Smith then announced the result of the ballot for the Election of members for the Year 1916, as under:—

Nurses' Library.—Sister Light (Miss Payco) and Nurse Claxton.

Photographic Society.—Sister Mary (Miss Edmonds), and Nurse F. Edwards.

Needlework.—Sister Naaman (Miss New) and Nurse S. Taylor.

Swimming Club.—Sister Violet and Nurse Hughes.

Nurses' Choral Society.—Sister Queen (Miss Hinds) and Nurse Wadlow.

Nurses' Tennis Club.—Sister Astley Cooper (Miss Maher), and Nurse Burton.

Nurses' Debating Society.—Sister Kirby and Nurse Macfarlane.

Mrs. Fagge, Mrs. Charters Symonds and Miss Webster were elected Hon. Members of the Council.

On the proposition of Miss Sheldon, votes of thanks were accorded to the outgoing officers. Mrs. Cameron, Mrs. Lauriston Shaw, and Miss Sheldon have been appointed by the House Committee their representatives for the ensuing year.

A most cordial vote of thanks was accorded to Miss Smith for all her work for the League.

THE COLLEGE OF NURSING.

Miss Haughton then gave a brief account of the foundation and objects of the College of Nursing, Ltd., and expressed the hope that it would not for long be known under that title, as one of its principal objects was to get a Bill for the State Registration of Trained Nurses. They wanted to acknowledge all the work which had been done by the Society for the State Registration of

Trained Nurses; and by Mrs. Bedford Fenwick for over 20 years.

One of their objects was to establish a Register, and they hoped, by getting it ready that they would be doing much of the work which would have to be done when the Bill was passed.

Miss Swift said Miss Haughton had not left much for her to say, but perhaps she realized more vividly than those in institution life how utterly things in the nursing world would be changed after the war.

After the Crimean War a forward movement was made in the organization of modern nursing, now it was time to make another move forward. (Long past time.—Ed.).

When questions were invited the inevitable one was at once put.

"Are you going to register V.A.D.s on the College Register, or what are you going to do with them?"

Miss Swift replied it must be realized that the wounded could not have been successfully nursed without the V.A.D.s to do some of the work, there were 12,000 in military hospitals alone. It would be for hospital trained nurses to regulate the examinations of the V.A.D.s.

Miss Haughton said the V.A.D.s would not go on the Trained Nurses' Register.

In reply to a question as to the qualification to be required of trained nurses, Miss Haughton said that part was not settled. Nurses now in work must be recognized, there must be a time of grace. She expressed the hope that the College would have a fine building in a central position in London. They hoped for a large endowment from some generous donors, as a memorial of the war. By the time they had the building and the money they hoped to get an agreed Nurses' Registration Bill. There would be two subscriptions. Nurses would be put on the Register for half-a-crown, but to be Members of the College they would pay five instalments of 5s., or £1 in one sum.

After the business meeting some interesting lantern slides, from photographs taken by Sister Jentie Paterson before cameras were prohibited at the front were shown.

Our illustration of the Nurses' Home is one of a charming set taken by Miss M. Smith. M. B.

IN AID OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses acknowledges with grateful thanks a donation of £10 from James Carnegie, Esq., through Miss E. M. Parker, a trained nurse registered in New Zealand, who having experienced the benefit of State protection, has interested Mr. Carnegie in the question. She writes, "I hope the subscription will be an assistance in the good cause. To one who has nursed under the protection of State Registration it is impossible to see there is any other side to the question, except from a commercial standpoint."

Miss Renaut sends 5s.; Miss E. Orcheston, 5s.; Anon., per Miss Kent, 2s.; Miss F. E. Batt, 1s. 6d.; Miss E. A. Johnston, 1s. 6d.; Miss J. E. Wells, 1s.

PENSIONS FOR MILITARY NURSES.

The following Royal Warrant, containing particulars of the better provision made for members of Queen Alexandra's Imperial Military Nursing Service in the event of their being disabled during the War, was published with Army Orders in the *London Gazette* of May 3rd. The Order extends to the Army Nursing Service Reserve, and the Territorial Force Nursing Service.

ARMY NURSING SERVICE DISABILITY PENSIONS &c., GEORGE R.I.

WHEREAS We deem it expedient to make better provision for members of Our Queen Alexandra's Imperial Military Nursing Service in the event of their being disabled during the present war.

OUR WILL AND PLEASURE.

1. A member of Our Queen Alexandra's Imperial Military Nursing Service who has been disabled by military service during the war may be granted a pension at not less than the following annual rates according to the degree of impairment of earning capacity:—

| | Principal Matron-in-Chief. | Matron. | Staff Nurse or Sister. |
|------------------------------------|----------------------------|---------|------------------------|
| Earning capacity totally destroyed | 600 | 200 | 150 |
| Seriously affected | 250 | 100 | 60 |
| Impaired | 100 | 50 | 30 |

In cases of slight impairment a gratuity not exceeding a year's pay may be granted on retirement, calculated according to the extent and duration of the impairment.

2. A totally disabled member who has sufficient service for pension may be granted in addition to that pension, if such treatment would be more favourable to her than the minimum rates in Article 1 of this Our Warrant, the following annual sums:—

| | |
|-------------------------------------|-----|
| Staff Nurse or Sister | £15 |
| Matron | 20 |
| Principal Matron or Matron-in-Chief | 52 |

But the pension of a Matron, Principal Matron, or Matron-in-Chief shall not in any case exceed the maximum pension of the rank as provided by Our Royal Warrant of the 1st December, 1914, for the Pay, Appointment, Promotion, and Non-Effective Pay of Our Army.

3. If a member has to retire on account of disability, not caused by military service but aggravated by it, she may be awarded such reduced rate of pension or gratuity as Our Army Council may determine, in view of the additional degree of incapacity caused by her military service.

In cases where the disability is contracted in military service, but not caused by it or aggravated by it, Our Army Council may, at their discretion, award a gratuity not exceeding three months' pay, if it appears to them that earning power has been sufficiently impaired to justify a grant.

5. The provisions of this Our Warrant are applicable to all cases arising out of the present war (but not otherwise), even though the casualty occurred before the date of this Our Warrant; but the increased rates of pension will not be payable for any period before the 1st March, 1915.

IT IS OUR FURTHER WILL AND PLEASURE that the benefits of this Our Warrant shall extend to members of Our Army Nursing Service Reserve and of Our Territorial Force Nursing Service.

Given at Our Court at St. James's this 11th day of April, 1916, in the 6th year of Our Reign.

By His Majesty's Command
KITCHENER.

When the attention of the Mansion House Committee was first drawn to the lack of provision for Territorial Nurses in the event of disablement, the Committee appeared to think it impossible to take any steps in the matter. We are glad, however, that through the interest of Members of Parliament, and of the Association of Approved Societies, the matter has been pushed to this very satisfactory conclusion. We congratulate those who give and those who take.

NURSES' MISSIONARY LEAGUE.

The Fourteenth Annual Conference and Meeting of the Nurses' Missionary League will be held at University Hall (Dr. Williams' Library), Gordon Square, W.C., on Tuesday, May 16th. All members and friends of the League are cordially invited to be present.

PROGRAMME.

"THE GLORY OF THE IMPOSSIBLE."

MORNING SESSION, 10.15-12.30

Chairman, MRS. F. LENWOOD.

Devotional Address, "What is the Impossible?" MRS. LENWOOD.

Review of the Year's Work, MISS J. MACFEE.

Demonstration Study Circle, "How are Medical Missions attempting the Impossible?" MISS C. H. MAYERS and N. M. L. MEMBERS.

INTERVAL.

"Achieving the Impossible in China," MISS HOPE BELL (The London Hospital and Hankow).

INTERCESSION.

Led by the REV. H. P. NAPIER CLAVERING.

AFTERNOON CONVERSATION, 2.30-5 p.m.

Hostesses, MRS. WIGRAM, MISS B. B. de Lasalle, MISS C. H. MAYERS.

Address. "Work in a Military Hospital, and in the Punjab," Miss LILLIAS BLACKETT, M.D., M.S. (Multan). "The Power of the N.M.L." A MEMBER FROM THE MISSION FIELD. "The Greatest of these is Charity," Rev. J. W. WOODHOUSE (Chaplain, King George Hospital).

(The afternoon affords special opportunity for meeting members from other hospitals, nurses from the Mission Field, and Members of the Nurses' Missionary League Committee.)

EVENING MEETING, 7.30-9.30.

Chairman, MAJOR W. McADAM ECCLES, M.S., F.R.C.S., R.A.M.C. (T.).

7.30—Opening Hymn and Prayer.

Adoption of Report and Election of Committee for 1916-1917.

"The Glory of the Impossible," Miss RUTH MASSEY, M.B., Ch.B. (China).

"Inasmuch . . . ye did it unto Me," the Rev. J. STEELE, M.A., D.Litt.

Tea and Coffee.—*Morning*, 10-10.15 a.m.
11.30-11.45 a.m. *Evening*, 6.45-7.15 p.m.

APPOINTMENTS.

MATRON.

Uxbridge Central Charities, Uxbridge.—Miss E. Margaret Fox has been appointed Matron. Miss Fox worked as a Deaconess and Nursing Sister in connection with the Deaconesses' Institution and Hospital, Tottenham, from 1889-1893. In 1893 she entered Guy's Hospital for three years' training and remained there as Staff Nurse and Sister till 1896, when she was appointed Matron of the Prince of Wales' Hospital, Tottenham. During the present war Miss Fox worked for a time in France and on her return accepted the post of editor of the *Nursing Mirror*, an appointment which, we understand, she resigned after a short term of office.

Clare Hall Sanatorium, South Mimms, Barnet.—Miss Irene Webb has been appointed Matron, under the Middlesex Districts Joint Smallpox Hospital Board. She was trained at the London Hospital; and has held the position of Charge Nurse, Night Superintendent and Assistant Matron under the M.A.B.; Matron of the Leicester and the Bolton Fever Hospitals; of the Northamptonshire Sanatorium; and, for the past five years, of the Bucknall Hospital, Stoke-on-Trent.

ASSISTANT MATRON.

County Hospital, York.—Miss Ethel Burrows has been appointed Assistant Matron. She was trained at St. Bartholomew's Hospital, Rochester, and has been Sister and Theatre-Sister at the York County Hospital.

SISTER.

Whitehaven and West Cumberland Infirmary.—Miss Catherine Crummack has been appointed Sister. She was trained at the Royal Victoria Hospital, Bournemouth, where she subsequently

held the position of Theatre and Out-patient Sister. She has also been Charge Nurse at St. Anne's Nursing College, Cheltenham.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Nina A. Graham to be Staff Nurse (May 1, 1915).

TERRITORIAL FORCE NURSING SERVICE.

Miss Sarah Annie Stevenson to be Matron, Northern General Hosp. (April 26).

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Marguerite G. Angel is appointed to Manchester (Salford) as Assistant Superintendent and Senior Nurse; Miss Elizabeth Beckett, to Cambs. C.N.A., as 3rd Assistant Superintendent and Tuberculosis Nurse.

Miss Beckett received General Training at the Coventry and Warwickshire Hospital, Midwifery Training at York Road Lying-in Hospital, and District Training at Chelsea. She has since held various appointments under the Institute.

Miss Sarah E. Crews is appointed to Leeds (Central); Miss Sarah E. Footner, to Eltham (St. Luke's); Miss Florence Herbert, to Wetherby; Miss Martha E. Russell, to Widnes; Miss Marianne York, to Somercotes.

TRUE TALES WITH A MORAL.

"No Look Round Once."

Somewhere in Egypt.—Officer, who has taken a Nursing Sister for a drive (against rules, of course), pays the native driver.

Driver, eyeing the money discontentedly.—"Carriage very good, horse very good, driver very good, money very bad—no look round once!"

WEDDING BELLS.

The wedding of Miss Gertrude Withell, daughter of Commander R. G. Withell, late of the Royal Navy, with Mr. Langley Martin, P.A.S.I., is arranged to take place at St. Mary's Parish Church, Wimbledon, on the 30th inst.

Miss Withell holds the certificate of St. George's Hospital, S.W., since obtaining which she has done military and private nursing, and during the last few months has been on the staff of the Registered Nurses' Society. Mr. Langley Martin and his bride elect, who will reside in Norwich, have the sincere good wishes of many friends.

THE PASSING BELL.

We regret to report the following casualty published in the *London Gazette*:—

DIED.

Sister J. McP. Barclay-Smith, Queen Alexandra's Imperial Military Nursing Service Reserve.

Miss Barclay-Smith was Matron of the 24th General Hospital at Etaples, and her death occurred on April 28th, from rheumatic fever. She was the second daughter of Mr. John Smith, of Abelour, Aberdeenshire.

NURSING ECHOES.

"Bart's" held its historic "New Day" on the 10th inst., and the St. Bartholomew's Hospital Women's Guild, which has helped to furnish the Linen Room so successfully, met in the Great Hall. The wards, as usual, were charmingly decorated with flowers.

Miss Beatrice Monk, Senior Matron's Assistant, has been appointed Acting Matron at the London Hospital, during the absence through very serious illness of Miss Lückes. The latter is expected to return to the hospital next week, but it is realised that she cannot be expected to take up full duty at present.

The Annual Reunion of the Shadwell Nurses' League will be held at the Hospital on Saturday, May 27th, from 3 till 6 p.m. All old Shadwell nurses and Sisters are cordially invited.

Mr. Leopold de Rothschild, speaking at the annual meeting of the West London Hospital, Hammersmith, said that the Abercorn Home for the nurses was in course of erection, but the War had delayed its completion. Whilst making an appeal for funds generally, he could not refrain from calling attention to the urgent need of a home under one roof for the accommodation of the nurses attached to the hospital. At present they were housed in separate dwellings. It was estimated roughly that the furnishing would cost £2,000; and, as there were practically no funds in hand to meet that expenditure, steps were being taken in the hope that one hundred or more friends of the institution would see their way clear to undertake the cost—£20—of furnishing one room each, or even the part of such room. If that could be accomplished, the new home would be opened free from debt, and it would stand as a worthy memorial to the late Duke of Abercorn, who took the greatest interest in that particular scheme and in the general welfare of the West London Hospital.

We have received a touching expression of thanks from Nurse N., in which she writes:—"What I feel like no words can express. My sincere thanks and gratitude for the 10s. which has just been received." This week we have received £1 from Miss Mary Dempster, who writes:—"I cannot bear to think of that poor nurse not having enough to eat, when in spite of hard times I always have more than I want, so I send a cheque for £1 towards the thirteen

you want. I wish I could get a cup of home, and as congenial work for every nurse who, like myself, is no longer able for hard work, as I have myself, but I do try to find people to help who get left." Mrs. Okell, always generous, also sends £1, with a very kind letter, and the same handsome sum has been received from Miss Dora Hinton and Mrs. Stabb.

Miss Macvitie, who is acting matron in a Red Cross Hospital, writes:—"With heartfelt sympathy I beg to enclose 10s. for the nurse who has nearly lost her sight, towards her getting any extra food she may require in these hard times. May I help as one of the nurses placed in happier circumstances." A "Bart's Nurse," a member of the Registered Nurses' Society, and Miss B. Kent send 10s. each, "A Registered Nurse, N.Z.," and "A Nurse who has eye trouble herself," send 5s. each, and an anonymous friend 2s. 6d. We proposed last week to send Nurse N., whose loss of sight prevents her working at present, and who has only 10s. a week for all her needs, an extra 5s. a week for food; we have now £7 2s. 6d. of the £13 required—this will last quite a while—and no doubt more will come in before long. Nurses with rich patients might safely recommend this sad case to their consideration. We saw a hat marked *nine guineas* in a Regent Street shop this week. We wanted to sit upon it!

It is with great pleasure that, by permission of Sir George Frampton, we reproduce the photograph on the following page of his fine bust of Miss Edith Cavell in the Royal Academy. Those who knew Miss Cavell will realize that the sculptor has achieved not only a beautiful piece of work but a remarkable likeness, and the nursing world will be grateful for the skill which has captured, and will enshrine in permanent form, to be set on high in the centre of the metropolis, a worthy presentment of our heroic colleague.

Miss Katherine De Witt, the Secretary of the American Nurses' Association, writes to the Editor:—"I wish to extend to you, in the name of the American Nurses' Association, of which you are an honorary member, an invitation to be present at the nineteenth annual convention, to be held at New Orleans. I am afraid there is no hope of your accepting our invitations while war continues, but we shall hope that peace may return, that we may meet together again." As the only foreign member of this wonderful Association of Trained Nurses, now that Miss Nightingale and Miss Isla Stewart have passed away, we are deeply sensible of the honour and the kindness of our



NURSE CAVELL.

From a plaster bust in the Royal Academy, by Sir George Frampton, R.A.

American colleagues in inviting us to the Annual Conference, at which so much is always to be learned; but until peace is proclaimed we wish to devote all our spare time to alleviating the suffering produced by war, and we deeply regret all the professional controversy thrust upon the profession at the present time. After the war it will be the duty of all National Associations of Nurses gathered together in International Conference, to consider the better organization of War Nursing, in the hope of minimising in the future the disorganization, confusion, and the unjust conditions for trained nurses which at present pertain, largely the result of lay control of professional affairs.

The Program of the New Orleans Convention is quite a budget. Private duty nursing will come in for exhaustive discussion; Red Cross nursing, so well organized in the States, will be well to the fore; and we are glad to see Dr. C. A. Bahn has an address on "The Present and Future of Reciprocity." As we feel sure that the Americans will never "recipros" with any country where legal status by Act of Parliament is not in force, we must hurry up and get our Registration Bill through, or after the war we may find State Registered German nurses eligible for reciprocity in the United States, and *voluntarily* registered British nurses excluded. And quite justly so.

The League of Nursing Education, which holds a joint Convention at New Orleans, will in a very full program hold a session on "The Mental Hygiene Movement and the Training of Nurses for Mental Work"; Miss M. A. Nutting will discuss "The Ideal Training School" and "Nursing Lessons to be drawn from the Present European War," in which Miss Ellen La Motte and Miss Marion G. Parsons, of the British Expeditionary Force, France, will take part.

The Public Health Sessions will deal with School Nursing, in several important papers, and many sections of health nursing will be discussed—"Public Health Nursing under Government Control," "How Public Health Nurses Can Aid a State Department of Health," "Public Health Nursing—a Municipal Duty." The importance of the "Tuberculosis Nurse and Infant Care are also emphasized, and the cry is for State organization of Public Health Nursing in all its beneficent phases. All problems we are struggling with, but which we fear will never really make effective progress until conscientious personal responsibility is encouraged, instead of being suppressed, amongst trained nurses.

AN IMPRESSIVE SIGHT.

The procession from Westminster to Hyde Park organized by the British Legion, which last Saturday morning took place, was a very impressive sight. The survivors in the procession were greeted with sympathy, and the band of the Union brought tears to many eyes as it played Chopin's Funeral March—most heart-piercing music. The long procession included members of the Red Cross Society, Canadian nurses, and Women's Reserve Ambulance. In Hyde Park speeches were delivered, the chief notes of which were indignation at German barbarity and resolve to prosecute the war till German power for evil is broken.

EXHIBITION OF CHILD LIFE.

An interesting exhibition representing Child Life was opened at the Institute of Hygiene, Devonshire Street, W., on Monday afternoon, by Princess Arthur of Connaught, and is continuing throughout the week, from 2 p.m. to 6 p.m. daily.

A guard of honour was formed of boys in the picturesque dress of the Gordon Highlanders, and after the Princess had been presented with a beautiful bouquet of tiger lilies tied with bright blue ribbons, by a little child, in nursing uniform, not very much bigger than the bouquet she carried, Sir Malcolm Morris gave a short introductory address, in which he said that never had it been so necessary to insist that child life should be carefully guarded as when the fathers of the nation, actual and potential, were laying down their lives in multitudes in defence of the liberties of Europe.

Princess Arthur of Connaught, in declaring the Exhibition open, said that the subject of child welfare was one in which she was much interested. If this exhibition increased the knowledge of mothers and stimulated them to take added knowledge in the health and welfare of their offspring it would have done most useful and practical work. By means of the ribbons placed in her hands by Dr. Murray Leslie Her Royal Highness then drew the curtains covering the doors leading to the Exhibition, and declared it open.

The audience then dispersed to see the various exhibits, amongst them the Model Day Nursery, the children being in charge of Miss Beatrice Evans, Matron of the St. Marylebone Day Nursery, the demonstrations by little children of elementary nursing duties, and the model children's ward installed by the authorities of the Evelina Hospital. Here a practical illustration was given of the administration of warmed oxygen, and of an extension for a fractured femur in a small child. The legs are slung at right angles to the body, snugly enveloped in a blanket, the appropriate amount of weight being supplied. The advantage is that the back is in such a position that the child's needs can be readily attended to by the nurse in charge.

THE CARE OF THE SCHOOL CHILD.

The introductory lecture of the course on "The Care of the School Child" was given by Cyril Cobb, Esq., Chairman of the Central Children's Care Subcommittee of the L.C.C. Education Committee.

Mr. Cobb said that there were too many organizations, both voluntary and official. The State had a consuming passion for inspection. The tendency was, both as regards symptoms and individual members of a family, to specialise, which course led to much overlapping.

Some of the objects that the Care Committee had in view were the Provision of Meals, Medical Inspection, Juvenile Employment, Country Holidays, Evening Classes, and Recreation Centres. It often happened that one family would be visited by several voluntary workers, each intent on their own particular subject. These "Family Friends" should be well qualified in all branches of the work, so that when visiting for one specific purpose they could at the same time acquire much useful knowledge about other members of the family. He would like to see one person fussing about several things rather than several persons fussing about one thing.

One thing that the Briton was profoundly interested in was eating, and the great cry was to feed the children, but the public did not know what a small element lack of sufficient food happens to be. It was easy enough to get the parents to accept food for the children, but medical treatment was another matter. Medical inspection was compulsory, the treatment voluntary.

All children were medically examined three times during their school life, and when noticeably ailing. It was the work of the Care Committee to persuade and advise the parents to carry out the treatment and suggest when it should be by private, hospital, or home treatment.

Dental centres for young children were to be aimed at. It was difficult to convince parents that dental caries was the little foxes that spoil the vine. An enormous percentage of children needed treatment in this direction, as also for the provision of spectacles. It had been shown that it was not the countries that were possessed of highly scientific organizations that had the lowest infant mortality rate, but where the devotion of the mother was greatest. Nothing could replace parental duty, and it was the work of the Care Committees to re-awaken and stimulate the mother responsibility.

In the discussion following a teacher complained of the false economy which left the school windows uncleaned, whereby the children's eyes suffered from strain. In regard to the difficulties connected with providing the children with spectacles, it was remarked that London was covered with children wearing them.

The Queen has graciously accepted the first Joan of Arc charm. These charms are designed in commemoration of Joan of Arc Day, May 8th.

PRACTICAL POINTS.

EXTENSION GLOVE FOR CASES OF MUSCULO-SPIRAL PARALYSIS.

The glove here illustrated, designed by Mr. H. S. Soutar, M.B., M.Ch.Oxon., F.R.C.S. Eng., is intended to replace the paralysed extensor muscles, maintaining the extended position of the hand and fingers, and the relaxation of those muscles which is essential to their recovery. The illustration of the glove, which is made by Messrs. Allen & Hanburys, Ltd., 48, Wigmore Street, W., and is quite inexpensive, shows its purpose admirably, as described by its designer. "A leather armlet above the elbow is connected by an adjustable leather strap to the wrist of a stout leather glove. Inside the glove elastic bands pass from the wrist to the top of each finger. These bands pass through washleather loops, which maintain them in position, and they are



EXTENSION GLOVE FOR CASES OF MUSCULO-SPIRAL PARALYSIS.

so adjusted in tension as to just maintain the extension of the fingers. The effect of the whole is that when the flexor muscles are relaxed and the hand is at rest the fingers are completely extended, and the wrist is slightly dorsiflexed. On contraction of the flexor muscles the fingers and wrist can be flexed, and the hand used in an almost normal manner. An important feature is the increase in power of grasp produced by the extension of the wrist. The glove has great advantages over any form of flexed apparatus, for it allows perfectly free movement of every joint and does not interfere with the balance of walking.

BOVRIL FOR STARVING DUBLIN.

The rebellion in Dublin has afforded one more illustration of the well-known value of Bovril in emergencies. The loyal forces took over the great Bovril warehouse in Eustace Street and thousands of pounds' worth of Bovril and Virol were placed at the disposal of the Military Authorities, who distributed them among the starving poor.

Father Joseph Bertram, a devoted priest who was for 23 years in charge of the leper settlement in Japan, which was started by Father Testevuide in 1888, has died. For the last three years he had been ailing, and his last request was that he should be buried in the lepers' graveyard.

SOCIAL SERVICE.

BOOK OF THE WEEK.

WOMEN'S TOTAL ABSTINENCE UNION.

The Annual Meeting of the Women's Total Abstinence Union was held on May 1st, 2nd and 3rd, and were very successful.

The Annual Report states that thousands of visits had been paid to families of soldiers and sailors, clubs had been formed for the wives of soldiers and sailors, rooms had been opened for soldiers, assistance had been rendered in Y.M.C.A. canteens, concerts and entertainments for wounded soldiers had been organized, working parties had met for Red Cross and other work, and in many other respects much useful work had been accomplished.

On the evening of May 2nd the Hon. Mrs. Eliot Yorke welcomed the junior delegates at her residence, 17, Curzon Street, when a delightful meeting was held.

The Challenge Vase and Shield for the best year's work were presented to the Wandsworth and Earlsfield and the Brook Green Societies respectively. A number of Docwra Medals and Bars were also presented to members who had gained six new members during the year. Charming music and recitations added to the enjoyment of the guests.

On May 3rd the Prayer Meeting was presided over by Mrs. Castledine (Stratford-on-Avon). This was followed by a Conference, when Mrs. Colman, M.D., presided. Dr. Barbara Tchaykovsky, of Harrow, gave a powerful address on "Baby Saving," and made an impassioned appeal to each delegate to take up work on behalf of infant life in her own locality. Miss Bushe, of Cookstown (Ireland) read an interesting paper on "The Press as a Means of Promoting Temperance," and Mrs. E. Aisbitt Gibson followed with a very earnest address on the same subject.

The discussion on each paper was animated and useful.

A resolution was passed, expressing hearty thanks to the Editor of the *Spectator*, Sir Loe Strachey, for the articles on Temperance which have recently appeared in the journal, and for the exclusion of drink advertisements during the war.

The following resolution was moved by Miss Hilda Dillon (Chelsea), seconded by Mrs. W. R. Hood (Stamford Hill), and carried:—

"That while fully recognizing the valuable work of various departments of the Government and of the Central Control Board and the effect of its restrictions throughout the scheduled areas, nevertheless, in view of the waste and damage caused to the nation by the drink traffic at a time when its whole resources, moral and material, should be carefully husbanded, this meeting begs the Government to do all in its power still further to curtail the facilities for obtaining alcohol.

"This meeting also calls upon all patriotic citizens to help by precept and example to achieve the ideal of a sober nation."

"NOBODY."

Sally Manvers was absolutely at the end of her tether—a quarter of a dollar being precisely the sum of her entire fortune.

She proceeded to spend this at a quick lunch restaurant. Ham and beans and a napoleon—what's the difference? she bulliedragged her conscience. "I might as well be broke as the way I am." It was stiflingly hot in New York, and Sally, on repairing to the rooms which she shared with two other girls, took refuge on the roof garden. Selecting the soundest of the three deck chairs, all maimed, she fell into a sleep of exhaustion, deep and heavy, and was only awakened by a violent thunderstorm. Terrified by the lightning, she strove to re-enter the house by the way she had come, only to find it was fastened. It was a bare chance that the scuttle on some one of the adjacent roofs might at least not be fastened down. Panting and sobbing in her terror, she scrambled over roof after roof, till at last she found shelter. By timid steps, she descended and found herself in a luxuriously appointed, but apparently uninhabited, house. She surmised that it had been left in charge of faithless servants. Sally, who an hour ago, had found life dull, stale and forlorn, was now at the threshold of adventure in plenty. Nothing, indeed, lacked to excite envy in that hungry heart of hers. She found clothes presses containing wardrobes to cope with every emergency; frocks of silk, of lace, of satin, of linen; gowns for dinner, the theatre, the street, the opera. And against all this sybaritic store, the intruded had to set the figure mirrored by a great cheval glass—the counterfeits of a jaded shop girl in shabby, shapeless, sodden garments, her damp, dark hair framing a pinched and haggard face with wistful, careworn eyes. Her heart ached with a re-awakened sense of the cruel unfairness of life. Her flesh crept with the touch of her rain-soaked clothing; and in her thoughts, temptation stirred like a whispering serpent.

Her first move was to take a luxurious bath; and half-an-hour later she was deliciously dressed in garments of soft, white silk. She hummed softly to herself, whose heart had almost forgotten its birthright of song and laughter; never the least pang of conscience flawed the serene surface of her content.

Then very surprising things happened: on her further inspection of the premises, she came upon a young man in unromantic blue serge, whose purpose was apparently as clandestine as her own, for he was engaged in prising open a desk, and next proceeded to drill the safe. Sally, while gazing fascinated, had yet another experience—for a rival burglar of a lower type appeared on the scene, and, but for Sally's inter-

... would probably ... put an end to "Blue Serge," as she designated him in her own mind.

The crisis being passed, Sally, all things considered, thinks it well to let herself quietly out of the front door, and later is overtaken by "Blue Serge," and thinking she has him in her power, carries the war into his camp with bravado, and is naturally more than disconcerted when he hands her his card, bearing the name and address of the owner of the house. Mr. Walter Arden Savage was, in fact, burgling his own house, with a view to defrauding the insurance company.

His sister, Mrs. Standish, who was in the scheme, received the condolences of her friends with skill (with a pensive sigh), "though there were priceless things not to be duplicated, inexpressibly endeared to one through association, she wouldn't deny (more brightly) it would be rather a lark to get all that money and go shopping to replenish her treasures from the most famous jewellers of the three capitals."

Under the circumstances, they couldn't afford to quarrel with Sally's share in the transaction, and she fell on her feet. But for this dereliction, she is quite a nice good girl. The story is very American, brightly written and full of amusement and adventure. Certainly the exciting element is not lacking.

H. H.

OF ENGLAND.

HIS NEW ARMY.

There's something mellow than the moon
Shines through the apple trees,
Flickers in village and in town,
Is ambient on the ivory Down,
More buoyant than the breeze.

A hundred thousand English ghosts,
The Dead who died in fight,
(Recruited now for Michael's Hosts)
Stand sentry over English coasts,
Walk English lanes to-night.

They breast the immemorial hill,
They hear the whinnying mares.
"O, who goes there?—for well or ill?"
They answer, "Friends, and fighting still
Your battles otherwheres."

From "The Great War."

By the Author of "Aunt Sarah and the War."

COMING EVENTS.

May 13th.—Irish Nurses' Association. Meeting of Executive Committee, 34, St. Stephen's Green. 8 p.m.

May 16th.—Nurses' Missionary League. Fourteenth Annual Conference and Meeting. University Hall (Dr. Williams' Library). 10—12.30, 2.30—5.7—9.30 p.m.

May 17th.—Asylum Workers' Association: Annual Meeting, Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W. Sir John Jardine, Bart., K.C.I.E., M.P., in the chair. 3 p.m.

LETTERS TO THE EDITOR.

While cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

"GOVERNMENT BY CONSENT."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your excellent article of last week's issue, headed "Government by Consent," you go to the heart of the mischief of the Nursing College, Limited.

It is a menace to that professional freedom and self-government for which the State Registration Society for so many years has striven, toiled and waited. We have asked for bread and are offered a stone. In common with, I am sure, hundreds of other nurses, I feel that the method by which this scheme has been thrust upon the nursing profession is very unfair. Its proposals, to take only two—the exclusion of privileged training schools and the inclusion of untrained women—should at once place it outside the pale of the consideration of certificated nurses. The chaotic condition of which Mr. Stanley speaks will be magnified tenfold, for it will be difficult for the poor, ill-used public to understand whether the membership refers to a trained nurse, a V.A.D., a health visitor, or a hospital almoner. That a body of laymen should set themselves up to govern the nursing profession presents no difficulty to my mind. The average man can never be brought to perceive that there is any single subject on which he is not competent to legislate for women.

The incomprehensible thing is that Matrons, holding high positions, who, united, could have rendered such invaluable service to the only possible sound basis, namely, Legal Status, should have consented to be nominated by laymen on to the Council of a limited company, the constitution of which substitutes a useless voluntary system of registration for a State system.

This scheme may serve for the coercion of the unfortunate probationer, who, before she finds her stride in the nursing world, will be in the grip of a circle of powerful employers, and who will be made to understand that only this way promotion lies.

But there are thousands of independent, intelligent women of our profession to be reckoned with. In your article, you ask courageous nurses to support our cause. Alas that so many are so poor-spirited! There would otherwise be little need for the courage of the few, for we should then be showing a united front to demand that which every self-respecting nurse should desire—self-government. I, for one, flatly decline to be governed by a limited company, whose nominated Council can re-nominate themselves for election so long as they live. I feel most strongly on this point.

Yours truly,

New Southgate.

HENRIETTA HAWKINS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, WE DUBS—IT HAS BEEN a time at this terrible moment of our dear country's history to trouble about our own affairs, have to thank you greatly for your little signed article in last week's JOURNAL on "Government by Consent." We know the names of many of the Matrons who have been appointed to govern us by seven laymen who know nothing of our affairs, but we know nothing of their work for the great Cause, the "Organisation of the Nursing Profession by the State," which many of us have supported for nearly thirty years with work and money. Many of us therefore feel that our idea of State Registration and that of those who have for so long opposed it, may be founded on an entirely different basis. Indeed, to judge from the Constitution of the College of Nursing, Limited, under which these ladies have accepted office, it is at once apparent that this is so. They are prepared to govern us, and we want power to govern ourselves. We will not be governed without consent, so if we are to have peace and progress they must realise this vital principle at once. Let us hope this just basis of organisation will be agreed on between the State and Voluntary registrationists when they meet to consider the constitution of the Governing Body, the General Nursing Council, to be set up by Act of Parliament in a Nurses' Registration Bill. We had better have no registration at all than any form of despotism.

Yours truly,

CLARA LEE.

Cert. St. Bartholomew's Hospital.

Letchworth.

[These two letters have been held over for want of space. The article appeared on the 29th April.—ED.]

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It would be well for the promoters of the College of Nursing to ponder on the following lines of Tacitus in C. 13 of *Agricola* :—

"Ipsi Britanni dilectum ac tributa et iniuncta imperii munera impigre obeunt, si iniuriæ absint: has aegre tolerant, iam domiti ut parent, nondum ut servant."

Which, being translated, reads :—

"As to the British themselves, they are ready to submit without murmur, actively and quietly, to enrolment and taxation, provided they are not treated with injustice: but injustice they resent; enough that they will comply as obedient subjects, whilst they will not bear being treated as slaves."

M. D.

"THE PASSION OF DOMICILE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is little I can tell you beyond what has been in the papers, as if I wrote the truth, and you published it, the B.J.N. would probably be suppressed. Here in Dublin the nursing profession is naturally in deep sorrow over the riots and terrible loss of life, and those

of us who love Dublin look on the blackened ruins with grief—in time buildings can be erected, but the dead cannot be brought to life. We realise the death penalty must be paid for murder, but every woman's heart is wrung to know that in our midst young men are being shot, and others blotted out in penal servitude for life. Indeed we can hardly bear to think of all this misery, and to know that a firm government in past years might have prevented it. Nurses are mostly strong loyalists, although I know patriots who are not, and it is because it is so difficult for the English to understand the Irish, and to realise their real feelings and convictions, that there has always been trouble in governing them. They really do consider the English a foreign people, and so they are in religion, and in temperament. The Irish are a very spiritual people. Their love of country is something of the soul—not in any way material—they have visions, and indeed in "The Seventh Marchioness of Rivière" which you wrote some years ago, and which I have re-read several times, your heroine in it described the "Passion of Domicile"—that is just a passion with our people. I once heard the late Mrs. Kildare Tracey protest: "How can you expect the clever Irish to be governed by the stupid English?" It is that—the temperaments so often clash.

For instance a few weeks ago a report on good authority was rife in the nursing world here that the Matron-in-Chief of the Joint War Committee had invited an Englishwoman trained in London, who is now Matron of a Dublin hospital, to take a seat on the Council of the Nursing College "to represent Ireland!" We have our Irish Matrons' Association, and our Irish Nurses' Association, constitutionally organised and governed, and yet an English woman invites an alien in nationality, sentiment, and training to represent us without our consent! That is the sort of thing we object to, which we consider stupid, and which provokes "wigs on the green."

A PATRIOT—A WOMAN.

OUR PRIZE COMPETITIONS.

May 26th.—How would you treat a patient in a continuous bath?

May 27th.—What is uterine inertia? What are its varieties, and how would you treat each kind?

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Fridays, May 12th and 19th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

APRIL EXAMINATION.

At the examination of the Central Midwives Board on April 10th, 1916, 315 candidates were examined and 244 passed the examiners. The percentage of failures was 22.6.

LIST OF SUCCESSFUL CANDIDATES

LONDON

City of London Hospital for Women.—A. R. Baker, L. R. Baker, E. A. Clark, V. L. Johnson, E. E. Morland, W. L. Morris, W. A. Philpott, B. A. Rayner.

Clapham Maternity Hospital.—E. M. Castle, G. Clark, G. A. Gant, G. H. Imrie.

East End Mothers' Home.—G. Davies, E. Holmes, M. A. Richardson, M. Wilkins.

General Lying-in Hospital.—M. Y. Ashley, M. M. Cable, H. A. Caudle, E. Crystall, H. T. Earle, A. E. England, M. M. Fayers, M. M. K. Gawn, F. M. Hatfield, E. V. Hazledine, J. Houghton, I. Jarvis, M. Johnson, M. Levine, E. M. Ling, S. L. Medd, L. F. Nott, N. Pratt, L. B. Sisson, F. I. Taylor, F. L. Turner, V. M. Wooderson, D. M. Young.

Guy's Institution.—B. M. Edwards, E. M. Humphries, E. M. S. Johnston, M. E. Kirby.

Islington Workhouse.—G. D. Barton.

Jewish Maternity District Nursing Society and London Hospital.—E. W. Ebeling, A. M. Gosling.

Kensington Union Infirmary.—V. Collard.

London Hospital.—J. Lynam, F. C. Morley, O. T. Ward.

Maternity Nursing Association.—C. E. R. McLennan, M. S. P. Shepard.

Middlesex Hospital.—D. G. McDowell, E. H. Robertson.

Plaisdon Maternity Charity.—S. Baldwin, E. D. M. Chapman, F. M. Collier, E. S. Crothers, E. T. S. Dickson, E. Dix, F. R. Downing, K. L. Everard, L. Foster, O. L. Harvey, E. E. Holloway, F. B. Holloways, V. Horler, A. J. Jones, A. E. Layton, L. Lynds, H. Malclieu, E. A. Mastin, C. Mitchell, B. M. Padfield, M. F. Phillips, L. C. Pocock, I. Smalley, K. Smith, S. E. Taylor, A. C. Thomas, M. M. Williams, M. L. Willoughby, E. F. Wisken.

Queen Charlotte's Hospital.—D. M. Allin, M. W. Andrews, A. Butler, M. Cady, J. Deacon, L. J. Doswell, F. L. Guest, G. Hensher, E. A. Moss, B. Oldrey, M. A. Orme, E. Overly, M. E. Robinson, E. S. Rowling, M. H. Serle, M. M. Suttie.

Salvation Army Mothers' Hospital.—H. M. Arnold, E. J. M. Boyle, H. C. Brooke, M. M. Dennis, L. Leach, N. P. Nielsen, A. Smith, E. M. Taylor, A. Wainer, D. Wyon.

St. Marylebone Workhouse Infirmary.—M. Cheesman, M. B. Niven.

St. Pancras South Infirmary.—M. A. Bustard.
St. Pancras South Infirmary and New Hospital for Women.—R. E. Chist.

University College Hospital.—E. Gruby, M. E. Pountney.

Woolwich, British Hospital for Mothers and Babies.—F. M. Kidd.

PROVINCES.

Aldershot, Louise Margaret Hospital.—H. M. Keane, B. A. Thompson, A. E. Whyte.

Birkenhead Maternity Hospital.—E. Ashley.

Birmingham Maternity Hospital.—R. E. Eakins, M. A. Lewis, A. Prosser, E. M. Streeter, K. E. Winterbotham, A. Wright, D. J. Yates.

Birmingham Black Country Hospital.—L. Latton, E. L. Manning.

Brentford Union Infirmary.—F. Willerton.
Brighton Hospital for Women.—A. M. Hardiman,

D. Hewett, S. A. McTaggart.

Bristol General Hospital.—I. V. S. Tippet.
Bristol Royal Infirmary.—B. Maher.

Cheltenham District Nurses' Association.—A. Pearson.

Chester Benevolent Institution.—A. M. Knight.
Coventry Union Infirmary.—B. Crick.

Devon and Cornwall Training School.—E. Bartlett, M. E. Dyble, R. L. Finnimore, C. F. Jerram, M. Robinson, C. Stephens.

Devonport Military Families' Hospital.—B. W. Raddall.

Essex County Cottage Nursing Society.—E. M. Horrell, M. A. Silverwood.

Gloucester District Nursing Society.—G. J. MacLellan.

Hastings District Nursing Association.—M. A. Morte.

Herts. County Nursing Association.—D. J. Cowley, E. N. G. Young.

Ipswich Nurses' Home.—A. E. Beadle, M. Webster.

Jessop Hospital, Sheffield.—C. D. Frowde, E. Riley, E. Wade.

Leicester Maternity Hospital.—B. Farrelly, A. Gell, I. MacLean.

Leicester Union Infirmary.—A. M. Oates, A. O'Hare, C. M. Watson.

Liverpool Maternity Hospital.—F. Bolton, M. M. Boothman, A. Knox, J. Little, A. G. Matt, A. G. Moore.

Manchester, St. Mary's Hospitals.—L. Ball, M. A. Burose, M. A. Chadwick, M. E. Fisher, L. Gowland, M. Howard, M. Jenkinson, E. Oakes, V. C. B. Tomlinson, A. Wright.

Mansfield Union Workhouse.—E. Mitchell.

Norwich Maternity Institution.—F. M. A. Dyball.

Nottingham Workhouse Infirmary.—P. R. Newcombe.

Preston Union Workhouse.—M. J. Henry.

Royal Derby and Derby Nursing Association.

- J. Clasper, A. Jones.
Shorncliffe Helena Hospital.—E. M. Tweed.
Staffordshire Training Home for Nurses.—E. A. Abbotts, S. Callear, F. S. E. Laycock.
West Derby Union Infirmary.—E. M. Thornton.
West Riding Nurses' Home.—E. Lloyd.
Wills County Nursing Association.—E. M. Allen.
Wolverhampton District Nurses' Home.—C. E. Johnson, C. J. Richards.
Worcester County Nursing Association.—D. P. Blackmore, E. E. Coombes, E. G. M. Edwards.
York Maternity Hospital.—H. Clarke.

WALES.

- Q.V.J.N.I., Cardiff.*—E. A. Beavan, E. Kear, A. F. Rogers, A. E. Seal.
Q.V.J.N.I., Swansea.—C. M. Cole, M. Rees.
Merthyr Tydfil Union Infirmary.—D. Davies.
Monmouthshire Training Centre.—M. Harvey, H. M. Potts, C. M. Shipsey.
Monmouthshire Nursing Association.—C. E. Heastie.

SCOTLAND.

- Aberdeen Maternity Hospital.*—A. Buchan, M. McBeath.
Dundee Maternity Hospital.—I. Wilson.
Edinburgh Royal Maternity Hospital.—M. F. Drummond.
Glasgow Eastern District Hospital.—E. P. Galloway.
Glasgow Govan Nurses' Home.—M. Campbell.
Glasgow Royal Maternity Hospital.—J. G. Young.

IRELAND.

- Belfast Incorporated Maternity Hospital.*—L. Gordon.
Lurgan Workhouse Infirmary.—E. L. Prenter.

INDIA.

- Government Maternity Hospitals Madras.*—F. M. Guy.

PRIVATE TUITION.

- M. L. Barrett, M. Benson, O. Blackmore, L. Cooper, F. R. Evans, C. J. Ford, G. E. Grinall, S. A. Hulme, C. Hunter, M. E. John, E. Jones, L. Jones, M. L. Knox, D. Manley, S. M. Morris, A. Wilcox.

PRIVATE TUITION AND INSTITUTIONS.

- East End Mothers' Home.*—S. A. Barnaby, H. Jolliffe.
General Lying-in Hospital.—C. Hayes, N. M. Roberts.
Kensington Union Infirmary.—B. E. Adams, A. McGearv.
Manchester, St. Mary's Hospitals.—A. E. Dice, M. Harvey.
Monmouthshire Training Centre and Newport (Mon.) Union Infirmary.—F. H. M. Stedman.
Pemberton Nursing Institution and New Hospital for Women.—E. M. Dowsett.

LECTURES ON INFANT CARE.

We give below the Syllabus of the Special Course of Lectures on Infant Care for Nurses and Midwives arranged under the auspices of the National Association for the Prevention of Infantile Mortality and for the Welfare of Infancy.

ON MONDAYS, AT THE ROYAL SOCIETY OF MEDICINE,
 1, WIMPOLE STREET, W.

May 8th.—The Development of the Fœtus, Normal and Abnormal. By J. W. BALLANTYNE, Esq., M.D., F.R.C.P. Edin., Physician, Royal Maternity Hospital, Edinburgh.

May 15th.—Venereal Disease in Relation to Still-Birth and Infant Mortality. By EARDLEY HOLLAND, Esq., M.D., M.R.C.P., Physician, City of London Lying-in Hospital.

May 22nd.—The Care of the New-Born Child. By ERIC PRITCHARD, Esq., M.A., M.D., M.R.C.P., Physician, Queen's Hospital for Children.

May 29th.—Problems in Artificial Feeding. By FREDERICK LANGMEAD, Esq., M.D., F.R.C.P., Assistant Physician, Great Ormond Street Hospital for Sick Children.

June 5th.—Infectious Diseases. By SIDNEY DAVIES, Esq., M.A., M.D., Medical Officer of Health, Woolwich.

June 19th.—The Prevention of Ear Disease in Children under School Age. By MACLEOD YEARSLEY, Esq., F.R.C.S., Senior Surgeon, Royal Ear Hospital.

ON FRIDAYS, AT THE COLLEGE OF AMBULANCE,
 3, VERE STREET, W.

May 12th.—Threatened Abortion: The Midwife's Responsibilities and Duties. By LADY BARRETT, M.D., M.S., Assistant Physician, Diseases of Women, Royal Free Hospital.

May 19th.—Ante-Natal Hygiene. By LADY BARRETT, M.D., M.S., Assistant Physician, Diseases of Women, Royal Free Hospital.

May 26th.—Problems in Breast-Feeding. By DAVID FORSYTH, Esq., M.D., F.R.C.P., Physician, Evelina Hospital for Children.

June 2nd.—The Study of Nutritional Disorders in Infants and Young Children. By H. C. CAMERON, Esq., M.A., M.D., F.R.C.P., Physician-in-Charge of the Children's Department, Guy's Hospital.

June 16th.—Milk and Artificial Foods. By HENRY KENWOOD, Esq., M.B., L.R.C.P., Professor of Hygiene at the University of London, Medical Officer of Health, Bedfordshire and Stoke Newington.

June 23rd.—The Prevention of Eye Disease in Children under School Age. By E. TREACHER COLLINS, Esq., F.R.C.S., Surgeon, Royal London Ophthalmic Hospital.

Fee for the Course, 5/-; Single Lectures, 1/-.
 All tickets to be procured from the Secretary of the N. A. P. I. M. in advance.

THE DEVELOPMENT OF THE FŒTUS.

Under the auspices of the National Association for the Prevention of Infant Mortality, and for the Welfare of Infancy, the first of a special course of lectures was delivered on May 8th at the Royal Society of Medicine, 1, Wimpole Street, W. The Development of the Fœtus, Normal and Abnormal, formed the subject of an interesting paper by Dr. J. W. Ballantyne, F.R.C.P.Edin., Physician to Royal Maternity Hospital, Edinburgh. In his unavoidable absence it was read by Dr. Pritchard. The lecturer from commencement to finish maintained his subject on a high plane; he spoke of the marvels of conception with reverence. The antenatal life, he explained, had three stages, namely (1) *Germinal*, lasting four or five days, perhaps a week; (2) *Embryonic*, lasting six or seven weeks; (3) *Fœtal*, lasting seven months. Step by step he revealed the wondrous changes that develop within the mother's womb, and especially the rapid growth during the second stage of antenatal life, which is the stage during which malformations and monstrosities take place.

To the question "what causes them?" no certain answer can be given, but conjecturally there appear to be many. It is certain, however, that something has happened which has caused the "construction" to go wrong. The lecturer suggested nevertheless several probable causes—namely, the poisons of alcohol, nicotine, tuberculosis, syphilis. Such awful results upon the unborn child cannot be prevented after the conception or the embryonic stage. The only way to prevent them, the lecturer remarked with emphasis, was that the father and mother should be *perfectly healthy at the time of marriage*—a sound eugenic principle which will appeal to all who give due consideration to the hereditary claims of the helpless, unborn child. The immense importance of ante-natal care was also emphasised.

IN MEMORIAM.

We record with regret the death of Mrs. James who for many years practised as midwife in a poor neighbourhood in the North of London, known as the "Frechold."

She was herself a working woman, and as such was able to enter in an unusual degree into the difficulties and trials of her patients.

When the Midwives Act came into force in 1902, she omitted, from lack of real knowledge as to its meaning, to register as a *bona fide* midwife. When the term of grace had passed she realised her position with some concern. She was then forty-nine years of age, and, though intelligent, was uneducated. She bravely set to work to study and attend the necessary lectures, and later she successfully passed the examination of the Central Midwives Board.

A crowd of her former patients attended her funeral, and regret for her loss was expressed on all sides. The example of her conscientious Christian life will not soon be forgotten either in her private or professional capacity.

THE EAST-END MOTHERS' HOME.

The Report of the East End Mothers' Lying-in Home, 39, Commercial Road, E., always contains much that is interesting and satisfactory both to the Home and the general public.

At the present time, when so much anxiety is felt about the decline of the population from one or another cause, it is gratifying that the Hon. Visiting Medical Officer, Dr. Cursham Corner, records with regard to premature infants that "many of those infants were satisfactorily started on their life career, by the careful, thoughtful nurses, in whose charge they were placed for the first few weeks of their existence. I can confidently state that our success in rearing premature infants has been a record, and it gives me the keenest pleasure to state this fact in my report."

The Lady Superintendent, Miss Anderson, refers to the increased number of still births. She says: "During the Zeppelin raids the expectant mothers were so excited and terrified that they rushed about the streets seeking shelter under railway arches, &c., with the result that they needed our help too soon, and several infants were still-born or lived only a short time."

So many and varied were the nationalities of the mothers admitted to the Home that she remarks that "the Apostles' gift of tongues would have been useful this year."

In referring to the work of the Staff, she says that one of the happiest features has been its steady efficient work. "Weary and worn they have gone to bed hoping for a night's rest; but no, the Night Sister ruthlessly wakes them up out of their fast sleep, and, after the never-failing cup of tea, off they set out on the dark wet night, cheerfully and quickly, to the aid of the mother. Twice during the raids, in the midst of bombs and shells, they fearlessly set out. The reward of their unselfish work is the successful record placed before you."

Miss Anderson records that "one who worked with us for many years has had the honour of giving her life for her country." It is pleasant to read that many poor mothers themselves voluntarily place small contributions into the collecting-box at the door, many of which are accompanied by grateful letters.

In the Convalescent Home under the management of Miss Helen Napier, "not only do the mothers benefit physically, but mentally and morally, for the Sister-in-Charge teaches them infant care, cooking, cleaning, knitting, sewing, and most difficult of all things, management of their own homes and economy."

In concluding her report Miss Anderson thanks the many donors and supporters of the Home. She says: "The poor to whom you gave are the carriers by whom you convey your goods from earth to heaven, where the reward of your charity awaits you."

The Annual Meeting takes place at the Home on Wednesday, May 17th, at 4.30 p.m.

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EDITORIAL.

ASYLUM NURSES AND THE WAR.

As we go to press the Annual Meeting of the Asylum Workers' Association is being held, and the annual report shows that the mental nurses and attendants are fully alive to the obligations which the present war has imposed on every patriotic member of the community. Up to May of last year over 2,000 Attendants in Asylums in England and Wales had joined the colours, and, since that time, practically all the remaining workers of military age under the various Asylum Authorities have presented themselves for attestation.

This fact is interesting because it undoubtedly points to the employment, in the near future, of women nurses in increasing numbers to attend upon male patients in asylums, a system which has many powerful advocates, and when put into practice has proved very satisfactory. Although its adoption in this country has been slow, in Scotland its success has been demonstrated beyond question, and it is even claimed that patients who are excited and difficult to manage when cared for by male attendants are quiet and tractable when cared for by women nurses.

The question has, on more than one occasion, engaged the attention of the Central Executive Committee, who have not so far considered the matter one calling for definite expression of opinion on their part, though they have encouraged discussion of the subject.

While it is certain that the services of male attendants will always be required for a percentage of cases there appears to be no reason why the large proportion of nursing in asylum wards should not be undertaken by trained women. This is of considerable importance at the present time as men can thus be set free to serve their country in other directions.

The war has affected the work of the women as well as of the men working as nurses in Asylums (though by no means to the same extent), as a number of the women nurses are serving under the Red Cross. The Central Executive Committee of the Asylum Workers' Association state that they cannot speak too highly of the self-sacrifice, and devotion to duty which on all hands have been displayed by Asylum nurses during the present times of stress and anxiety. Several Asylums have been converted into War Hospitals, and many of the Attendants and Nurses have been retained for military service; the former enlisting as Orderlies in the R.A.M.C., and the latter becoming Nurse Probationers. The admirable manner in which they have acquitted themselves in their various spheres of work, and the rapidity with which they adapted themselves to the novel conditions, are, it is claimed, striking evidences of the efficiency of the training of modern Asylum staffs.

The rôle of the mental nurse is by no means an easy one, and, indeed, men and women of the very highest type are needed to fill it. A physical injury or illness is for the most part easy to see, or to understand. Disease of the brain in its various manifestations demands not only skilled care, but also calls for comprehension, patience, and self-sacrifice in the highest degree, and while in many instances the unfortunate condition of the patient evokes sympathy; in others the form which the disease takes occasions symptoms calculated to repel it.

The mental nurse needs to look beyond the manifestations of disease to the condition of the patient, and those who practise their profession humanely, sympathetically and skilfully are entitled not only to the gratitude of individual patients and their relatives, but to that of the nation at large.

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A PATIENT IN A CONTINUOUS BATH?

We have pleasure in awarding the prize this week to Miss Catharine Wright, Cable Street, St. George's-in-the-East.

PRIZE PAPER.

When nursing a patient in a continuous bath there are some points of preparation and arrangement to be considered which will add to the efficacy of the bath and the comfort of the patient.

A bright, sunny room should be chosen, ventilated by fresh air and warmed by a fire and kept at a temperature of 60°. Obtain a portable bath rather longer than the height of the patient, a bath thermometer, to indicate the prescribed temperature of the bath; a good supply of hot and cold water; the prescribed lotion (if any); hot milk or Bovril, brandy in case of need.

A hammock made of strong webbing, with loops at the sides for carrying poles; two bamboo curtain poles answer admirably for this purpose.

Blankets should be airing by the fire. The patient must not be left an instant during the period of the bath, and two nurses should be in attendance.

Arrange the bath between the bed and the fire; fill the bath three parts full of water, add any lotion that may be prescribed, and regulate the temperature of the bath, which will have been arranged by the doctor in attendance.

Place the hammock open on the bed by the side of the patient; place a blanket on it, with a space cut out of both, so that the needs of nature may receive attention without undue disturbance to the patient. Undress patient, remove bandages, lift gently on to hammock, slip in side poles, and lift gently into bath, allowing the ends of the poles to rest on the bath, so that there is no undue pressure anywhere for the patient. An air or water pillow can be arranged for the head. Cover the patient with a warm blanket, which will hang over each side of the bath. A screen may be placed between bath and fire if necessary.

During the bath take temperature and pulse two-hourly. They should be charted; the pulse may be observed more frequently. An invalid tray may be arranged across the bath, and nourishment should be given regularly, or a book-rest may be arranged if the patient is able or inclined to read.

The temperature of the bath must be noted carefully. The lading out and renewing the fresh hot water may be done with a jug from

the end of the bath, and stirred by a wooden stick wrapped in a piece of bandage.

If an arm only is to be so treated, a smaller bath can be arranged by the side of the bed, placed on a table rather lower than the bed, the same procedure followed, and a pillow tucked in at patient's side to avoid pressure or strain.

Afterwards the patient may be lifted out, in the hammock, placed on the bed, previously arranged with a mackintosh and warm blanket, dried with warm towels, re-bandaged and dressed, nourishment given, pulse and temperature charted, a covered hot-water bottle placed to the feet, and the patient allowed to rest.

The duration of a continuous bath may be for a short or long period, some being ordered for an hour or more, others lasting (in the case of severe burns) for several days.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss M. A. James, Miss D. Fenton, Miss Fanny Thompson, Miss M. McIntyre.

Miss Amy Phipps writes:—"Among the kinds of continuous bath may be mentioned Roman baths, sand baths, mud, calomel, mustard, pine, salt, soda, carbonic acid, and various kinds of mineral baths. For treatment of wounds, baths of sterile water, often with the addition of an antiseptic or remedial agent, are employed. Such include salt, iodine, hydrogen peroxide, and many others.

"Where a limb is treated, it should be placed in a comfortable position, and care taken that the bed and surroundings are kept dry. In all continuous baths, the most important point is that the general condition of the patient is noted, and all efforts made to conserve strength, and to see that the prescribed treatment is performed intelligently and conscientiously.

"When an extreme temperature is ordered, the patient should be introduced into a bath of moderate temperature, and this raised or lowered to the required limit. The power of adding to the bath should be rendered impossible for a patient by keeping the water out of his reach.

"The general condition of the patient, pulse, temperature and respiration, should be noted, also any change in condition of part under treatment. Any symptoms tending to call for withdrawal of treatment should be reported, and in certain cases it may be necessary for the nurse to discontinue the bath on her own responsibility until medical direction is procurable."

QUESTION FOR NEXT WEEK.

What is uterine inertia? What are its varieties, and how would you treat each kind?

NURSING AND THE WAR.

Many tributes of affection and respect were placed around the statue of Florence Nightingale in Waterloo Place, S.W., on May 12th, a day which will always be memorable as the birthday of the great Englishwoman to whom the civilized world pays homage.

The plinth of the statue was in the hands of workpeople and the scaffolding placed over it had been converted into a laurel shrine. A halo of golden arums, daffodils, and iris shone above the head of the statue, and on the plinth, also carried out in yellow flowers, were the words "Women's Service, 1854-1910." The place of honour in front of the statue was by right accorded to the wreath sent by the pupils of the Nightingale School

constant stream of copper and silver coins tinkled into the boxes of the sellers which also contained a goodly collection of pound notes. The first demand came from Buckingham Palace to 58, Victoria Street, on the evening of Thursday, May 11th, so the vendors whose stock in trade was some four and a half million lamps started out in good spirits to dispose of their wares. Greater London for a radius of 30 miles was placed under contribution and the total collection amounted to a substantial sum, though the amount is not known as we go to press.

The Tsaritsa and her four daughters paid a two-hours' visit to the Anglo-Russian Hospital in Petrograd last week. The first mobile field detachment of the hospital, with a motor and horse



DECORATING WOUNDED OFFICERS IN MEMORY OF FLORENCE NIGHTINGALE.
LAMP DAY, MAY 12th 1916.

at St. Thomas's Hospital, which she founded. The Sisters, nurses, and probationers at the London hospital also sent wreaths of roses, red and white, and other gifts of flowers proved the honour in which the Lady of the Lamp is held by her disciples.

At the feet of the statue during the day sellers were busy plying their trade in the little lamps with which, as the day wore on, most Londoners seemed decorated. Wounded soldiers, always true to their allegiance, were some of the readiest purchasers, and the Women's Service Bureau, the Women's Emergency Corps, and the Star and Garter Fund are considerably the richer, for a

transport, goes to the north-western front in about a fortnight. The party will consist of Lady Sybil Grey, Drs. Harmer, May, and Gardiner, and six nurses.

We have pleasure in publishing the picture of Miss M. A. Harvey who has recently received the decoration of the Royal Red Cross on page 436. Miss Harvey was trained at the Royal Infirmary, Bristol, and after a varied experience was called up for duty as Matron of the Second Southern Hospital, Bristol, T.F., in August, 1914. She is at present working as Matron of a hospital with the British Expeditionary Force in France.

One of the latest additions to the hospitals provided by private generosity for the care of the sick and wounded in London is that for Canadian Officers at No. 1 Hyde Park Place, opened by Princess Louise, Duchess of Argyll on May 10th, equipped by Colonel and Mrs. A. E. Gooderham of Toronto, and established under the auspices of the Daughters of the Empire of which Mrs. Gooderham is President. Miss May Beeman, well known for her work in connection with the organization of Alexandra Rose Day (which this year is to be on June 21st) has acted for Mrs. Gooderham in the decoration and furnishing of the hospital and the result is most delightful. The Matron is Miss Violet Tremaine, R.R.C., of the Canadian Army Nursing Service and five nurses, all members of the Service, form the staff, with six or seven orderlies to assist. There is a large ward of fifteen beds, two of four beds, and one of two beds. In all there is the same impression of dainty cleanliness and harmonious colouring. Lavender grey walls with panels outlined in white, white beds, white tables (supplied by the Hospitals Contracts Co., Ltd.), screens with white frames and grey panels, grey bedside mats with designs of roses strewn upon them, inviting arm chairs, and couches, covered with bright taffetas, and tables at hand, combine to form surroundings which must convey an atmosphere of rest and peace to those received there from the battle-fields of France. Moreover, most of the wards have a wonderfully pleasant outlook over Hyde Park, at present beautiful in the fresh green of springtime.

The operating theatre with its sterilizing room and annexes, has had a floor specially laid, and is well equipped and furnished. The only criticism to offer is that it is somewhat cramped for space. Both the sitting room and dining room with beautiful flowers on the mantelpiece and on the tables are charming, and indeed it would be difficult to find a more attractive hospital.

The officer in charge is Captain Creighton of the Canadian Army Medical Service, and the Canadian Red Cross is responsible for its maintenance. At the conclusion of the war the furniture is to be handed over to the British Red Cross Society for the Star and Garter Hospital at Richmond, and

we do not wonder that the Hon. Arthur Stanley has gratefully accepted the gift.

The Local Government Board has issued a report on the subject of the epidemic of cerebrospinal fever among the Canadian and British troops in the Salisbury area in 1914, an episode of which the public heard little, but which caused great distress of mind and indignation in Canada.

Dr. R. J. Reece says:—

"The outbreak in the city of Salisbury commenced on December 15th, 1914, with the case of a hospital nurse. There were no cases at that time known to exist in the city of Salisbury. But it was reported after the nurse's death, which occurred in twenty-four hours after the onset of the disease, that she was frequently in the company of a young officer of the Canadian Expeditionary Force, to whom she was said to be engaged to be married, and, after many inquiries, this officer was visited and a swab was taken from his throat. The cultures showed infection of his throat with the meningococcus. In the circumstances, and lacking any other known source of infection, it does not seem unreasonable to suppose that the earliest known of the cases that occurred in the outbreak in this epidemic had its origin from this officer."



MISS M. A. HARVEY, R.R.C.

A very important pronouncement affecting the national health was recently made by the Premier in the House of Commons. He stated that the Government

had decided to adopt the recommendations of the Royal Commission as to the diagnosis and treatment of venereal diseases, and arrangements were being made accordingly. It had been decided that 75 per cent. of the cost of these arrangements, which it was hoped might be undertaken with the co-operation of the local authorities, should be defrayed by means of a grant from the Exchequer. This, we presume, means free institutional treatment and free supplies of salvarsan or its substitutes. Trained nurses must be ready to help by every means in their power. Those who attended the Congress of the International Council of Nurses in London in 1909 have since been alive to the importance of the question.

FRENCH FLAG NURSING CORPS.

MEETING AT THE INDIAN EMPIRE CLUB.

A very successful meeting was held at the Indian Empire Club, Knightsbridge Hotel, S.W., on Wednesday, May 10th, preceded by a delightful tea given by invitation.

Mr. Sholto Douglas, who presided, was supported on the platform by the Vicomtesse de la Panouse, President of the Corps, who was accompanied by a party of members of the French Croix Rouge, Mrs. R. D. Murray, Chairman, to whom the Committee are indebted for arranging the meeting; Mrs. Bedford Fenwick, Hon. Treasurer; Miss I. Hutchinson, Hon. Secretary, and Dr. Dundas Grant and Dr. Murray Leslie, Hon. Medical Advisers.

At the commencement of the proceedings both the President and Miss Ellison were presented with lovely bouquets of roses, and then the incomparable notes of the Marseillaise rang out.

Amongst those who sent letters of regret at their inability to be present were Lord Curzon, President of the Club, Lord Inchcape, Sir Mortimer Durand, and Lady Robertson Nicoll.

The Chairman said that it was with pleasure and pride that he introduced Miss Grace Ellison, who had come over from France and would tell them about the French Flag Nursing Corps. He also referred the audience for information to the first Annual Report, a much more interesting document than Anglo-Indian officials were accustomed to associate with annual reports. At the present time when the glorious French Army was defending the interests of Europe before Verdun they could show their appreciation of this heroic resistance by doing their little bit to support the Corps and so help to keep it efficient to do its good work.

Miss Ellison, who began by saying how much she appreciated the kindness of the Club in allowing her to come and speak to it, said that geography had been good to England. She referred to the tenacity of the French, as demonstrated at Verdun. When war was declared she knew that the French must suffer terribly, and felt she must try to help. She arrived in Paris just after the battle of the Marne when many of the hospitals were in the hands of the Germans, and there was a shortage of such necessities as chloroform and other supplies. It was perfectly pitiful. One thing which stood out was the courage of the French soldiers. They did not care about themselves so long as France was victorious.

Miss Ellison referred to the position of nursing in France, owing to the expulsion of the nuns from the hospitals, and to the substitution of uneducated women. This had prevented gentlemen from adopting nursing as their work in life. The nursing of the sick and wounded in France was therefore mainly done by Red Cross ladies. She did not in any way wish to undervalue that work, but these ladies were not trained nurses.

What was the use of the *Entente Cordiale* if each nation did not supplement what the other lacked.

Her ideal was to send British nurses to work in the French hospitals, not to send complete hospital units from this country. The English language and the English food were both a trial to the sick soldier. The best plan, therefore, seemed to be to try to fill the gaps in the French hospitals, and British nurses stepped into these gaps.

Miss Ellison said that the President of the Corps—the Vicomtesse de la Panouse—was known and loved throughout France, as well as in England. The little corps of splendid nurses, recruited not only in the United Kingdom, but in Canada, Australia and New Zealand, had taken care of over 27,000 wounded. Her own special work was to look after the welfare of the nurses, to go up and down the Front and smooth out difficulties—not an easy matter. If alive after the War, she hoped to say something on the language question. For instance, a Frenchman might call his wife a cat or a little cabbage, as a term of endearment; an Englishwoman by no means regarded these terms as compliments. One nurse said that the orderlies laughed at her. It was understandable when it was elicited that the nurse who wanted a surgical cradle had asked for a *berceau*.

Again, the nurses censured the orderlies if they used the words *je veux* instead of *je voudrais*. The orderlies were drawn from all ranks of those who were unfit for combatant service. The priest orderlies were perfectly splendid; whether washing the floors or saying Mass, nothing came amiss to them.

Some of the Frenchmen thought the English nurses washed their patients too much. Miss Ellison explained the different national outlook to one doctor, by saying that in England a bath was a daily necessity; in France, an anniversary.

They had, she thought, quite conquered the nuns and priests. One Mother Superior told her she could never have imagined Heaven with Protestants in it, but she hoped that God would make room for her and for the Canadian Colonel.

Miss Ellison then took her audience along the French front. Sometimes grave, sometimes gay, always interesting, she told of the work of the nurses—not only amongst the wounded, but in the hospitals for contagious diseases. She described the Marne—on one side beautiful, carpeted with wild flowers and lilies-of-the-valley; on the other, desolate.

Of the pillows used by the French soldiers, she said that she felt sure that if Jacob had been offered one of them in exchange for his stone at Bethel, he would have asked to keep his nice, soft stone.

She spoke of the splendid brotherhood between the soldiers, a *marquis*, a butcher and an apache, all using the intimate "tu" to one another. She told also of the anxiety and distress of the men as to the fate of their families. She found one patient sobbing in a corner with the clothes over his face, and learnt he had had no news of

his family since the War began. He feared his wife and children were in the hands of the Germans.

Some of the nurses had adopted French soldiers, and sent them cakes of soap, pyjamas, and so on, and wrote to them in the place of their mothers. The almost Divine respect in which a Frenchman held his mother was a beautiful thing. Miss Ellison told the story of a dying French soldier who mistook her for his mother, which brought tears to many eyes.

The statue of Joan of Arc at Rheims was, said Miss Ellison untouched, though the Germans had turned their siege guns upon it. It stood as a symbol of invincible France.

In the little chapel at Gerbéviller, the Germans threw beer bottles at the altar, fired at the face of the Christ, and riddled the tabernacle above the altar.

At Bergues the nurses of the F.F.N.C. took over a hospital filled with delirious typhoid patients, they had no water, and little equipment. In a few weeks they had transformed it into a model fever hospital, then the Germans shelled the hospital, and the nurses, under shell fire, carried their patients to the cellars.

The French were using canal barges to convey the wounded and hoped to increase the service this summer. The Sisters thoroughly enjoyed this work.

Miss Ellison told how on one occasion she travelled in a lorry carrying ammunition. The atmosphere got so close that she said to a Tommie: "If I get much warmer will these shells go off," and the answer she received was: "Lady, these shells aren't German, they do know how to treat a lady."

The longer she lived the greater pleasure it gave her to do homage to the nations associated in the *Entente Cordiale*. When men only visited one another's houses it did not count for very much, but when the women became friends' relations were firmly established. In the Nursing College which it was hoped to establish in Paris the English Sisters of the F.F.N.C. would work side by side with French women and so help to cement the friendship between the two nations.

Dr. Murray Leslie who read a letter received by Miss Ellison from the Princesse Dénin D'Alsace in which she expressed her admiration for the work

of the nurses, said that he might talk for an hour and not express so well what the Corps was trying to do. He asked for funds to carry on the work. They would like £1,000, but they needed £500 at once.

Lady Tyrrell said she had been asked by Mme. de la Panouse to say how happy her connection with the Corps had been. The nurses were very well selected, never complained, and were always cheerful. She was proud to have been made the President of such a Corps, and glad to take the opportunity of saying so.

The meeting concluded with votes of thanks to the chair and to Miss Ellison, and with the singing of the National Anthem.

The audience proved their interest in and



SISTERS WITH THEIR CONVALESCENT TYPHOID PATIENTS AT NEUFCHATEAU.

appreciation of the talented speaker and the French Flag Nursing Corps, by contributing the handsome sum of £45 2s. to replenish its coffers—a most welcome gift.

Sister Carmichael, who sends us the picture of herself, Sister Mallon, and their convalescent typhoid patients at Neufchateau, is enjoying a delightful holiday in the South of France. She says: "The weather is glorious, not at all too hot to get about. This is my first holiday for eighteen months, and I am afraid most of our time so far has been spent in sleeping. We arrived here at 2 p.m., went straight to bed, and slept till 6.30 the following morning without a break. Now we are thoroughly enjoying every minute."

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Bolingbroke Hosp., Wandsworth Common.—Miss B. M. Gray.

Dane John Hosp., Canterbury.—Miss B. E. Calder.

V.A.D. Hosp., Soham, Cambs.—Miss L. Tulley.

Goudhurst Hosp., Kent.—Miss E. A. Wickham.

Wicklow Lodge Hosp., Melton Mowbray.—Miss I. Wood.

Red Cross Hosp., Gloucester.—Miss E. L. Jenkins.

Red Cross Aux. Hosp., Corton Presteign, Radnorshire.—Miss C. M. Green.

High Rough Military Hosp., Haslemere.—Miss G. Scott.

V.A.D. Hosp., Braintree, Essex.—Miss M. A. Crookell.

Red Cross Hosp., Chippenham.—Miss M. E. Speight.

Northwood Hosp., Cowes.—Miss A. Brock.

V.A.D. Hosp., St. Anselm's, Walmer.—Miss F. M. Johnston.

Red Cross Hosp., Cawston, near Norwich.—Miss A. C. Connolly.

The Priory V.A.D. Hosp., Ware.—Miss M. Mitchell.

St. Luke's Aux. Hosp., Reading.—Miss A. Cable.

Aux. Hosp., Aberdare.—Miss M. Jones.

V.A.D. Hosp., Tiverton, Devon.—Miss A. M. Brown.

Red Cross Hosp., Cantelupe Road, Bexhill.—Miss K. B. Heaton.

Red Cross Hosp., Gloucester.—Miss F. Maddison.

Budworth Hall, Ongar.—Miss M. Nichol.

V.A.D. Hosp., Boston, Lincs.—Miss V. Heward.

V.A.D. Hosp., Normanhurst, W. Hartlepool.—Mrs. E. M. Ryde.

Highfield Hall, Southampton.—Miss F. M. Kilty.

The Upper Hall, Ledbury.—Miss C. F. Evans.

Aux. Mil. Hosp., Bootle, Liverpool.—Miss M. Briscake.

Aux. Mil. Hosp., Abbey Manor, Evesham.—Miss T. Poulson.

V.A.D. Hosp., Bicester.—Miss E. Newton.

Aux. Mil. Hosp., Hardwich Mount, Brixton.—Miss E. L. Woods.

Milton, Peterborough.—Mrs. L. Duke.

Cluny Red Cross Hosp., Swanage.—Mrs. F. E. Oates.

Rosherville V.A.D. Hosp., Gravesend.—Miss L. M. Morgan.

V.A.D. Hosp., Oteley Ellesmere, Salop.—Miss I. Lingforth.

Red Cross Hosp., Huntingdon.—Miss G. M. Callon.

Clandon, Guildford.—Miss D. Tallis.

Red Cross Hosp., Eserich, Yorkshire.—Miss J. Holmes.

Red Cross Hosp., Corsham, Wilts.—Miss H. Steward.

Plank House Hosp., Gillingham, Dorset.—Miss F. E. Hall.

Parc Wem Aux. Hosp., Suaseca.—Miss M. M. O'Grady.

Standish House, Stonehouse.—Miss A. E. Colburn, Miss S. M. Hunter.

Princess Christian's Hosp., S. Northwood.—Miss A. M. Westley.

Red Cross Hosp., Chippenham.—Mrs. E. E. Hulbert.

V.A.D. Hosp., Walcot, Kentbury.—Miss E. Cook.

V.A.D. Hosp., Mortimer, Berks.—Miss H. L. Murrell.

Hillingdon V.A.D. Hosp., Hayes End.—Miss L. Walls.

Bricket House Red Cross Hosp., St. Albans.—Miss A. Armstrong.

Milton, Peterborough.—Miss M. Marsh.

Hosp. for Officers, 10, Palace Green, W.—Miss M. A. W. Allan.

Oakwood Mil. Hosp., Chigwell, Essex.—Miss F. M. McGusty.

St. Mary's Red Cross Hosp., Worthing.—Mrs. L. E. Sheppard.

V.A.D. Hosp., Uppingham.—Miss L. Wilson, Mrs. E. Nelson.

184, Queen's Gate, S.W.—Miss L. B. MacKinnon.

Red Cross Hosp., Taunton.—Mrs. N. O'Brian.

Red Cross Hosp., Alnwick.—Miss D. G. Dean.

Overmead V.A.D. Hosp., Ludlow.—Miss F. Green.

ABROAD.

Boulogne.—Miss E. Currie, Miss I. Macgregor.

Brigade Hosp.—Miss K. Kendall, Miss A. Murray.

Liverpool Merchants Hosp.—Miss D. Parry.

Le Touquet.—Miss P. E. Keen.

Arc en Barrois.—Miss M. Rogers.

CARE OF THE WOUNDED.

Queen Alexandra has graciously lent a picture painted by herself of "An Old Cardinal," to be shown at the Exhibition of the Royal Amateur Art Society, of which Her Majesty is President, at 25, Park Lane, May 21st to 24th, in aid of the St. Dunstan's Hostel for Blinded Soldiers and Sailors, and for two London Nursing Cherities. The picture has been beautifully reproduced in colour, and facsimile copies may be ordered. Her Majesty has approved and signed the reproduction, and has ordered twelve copies, and it is confidently hoped that she will visit the Exhibition.

The first batches of English invalid prisoners from Germany to be interned in Switzerland are expected to arrive at Constance during the last week in May.

They will probably number 1,200, and those for whom there is not room at Chateau d'CEX will go to Grindelwald.

Considering the infamous treatment of British prisoners in Germany, the wonder is that 1,200

of these martyrs are still alive. What joy for them to be in a country where they will be treated humanely. Let us hope many of these men, whose sufferings we cannot estimate, will find health again in the bracing Swiss air, and in surroundings where beauty and peace will combine to restore their shattered nerves.

Antiques are so fascinating that we are not surprised the Joint War Committee hopes to turn an honest penny by their sale. It is announced that the British Red Cross Committee and the Order of St. John have decided to open a shop for their sale in the ordinary way at 3, Clifford Street, Bond Street, W., which will be called the "Red Cross Gift House," so that people who find it inconvenient to give money may send some valuable object from their possessions, to be sold without the risk of the auction room, for the benefit of the sick and wounded. The "Gift House" will be open to the public on May 22nd, and goods will be marked in plain figures. Many dealers, especially women with little capital, have had a bad time during the War, and we hope their legitimate trade will not suffer by further competition. As a picker-up of unconsidered trifles, we know many of these ladies, and know how hard they work for very little profit, and yet they are honourably self-supporting.

The *Times* is not satisfied now that Kut has fallen, that Sir John Nixon's dispatch makes public all that should be known about the "lamentable breakdown" of our hospital arrangements in Mesopotamia, and it thinks the public should realise its very serious defects. Our contemporary says:—

"The paragraph on the subject in Sir John Nixon's dispatch may be accurate, but it is misleading. He states that 'the organisation and efficiency of the arrangements have ensured as speedy an evacuation of the wounded as the means placed at their (the Medical Services') disposal admitted.' He says nothing about the speed actually attained after the actions described, and nothing about what the 'means' were. We have already stated that at the battle of Ctesiphon they were calculated to deal with less than 500 casualties. Some sort of provision may have been made to treat three or four times the number of cases, but we believe it to be a fact that there were no 'means' at all for the treatment of more than half of the men actually wounded. Heavy rain fell after the action and numbers of the wounded lay out in it for hours. They were brought down the river in boats without any proper shelter from the wet and the bitter cold. The boats were not hospital boats. They had been used for all sorts of transport work, and in some of them at least the wounded had to take their chance with the other traffic. Men were left without food for hours after they fell, and on the voyage down stream the commonest medical necessities were wanting. We hear of

hundreds of wounded being sent down in charge of a single doctor without a staff of orderlies or even of servants of any kind to assist him. There was no suitable diet for the sick, and the simplest appliances for the wounded were lacking. Wounds were left undressed for days after the first field dressing, and many died from dysentery and from exposure. We trust that these defects have been remedied by this time, but they had not been remedied when some of the latest fighting mentioned in the dispatch took place."

NATIONAL UNION OF TRAINED NURSES.

A NEW BRANCH.

A large meeting was held at the General Hospital, Birmingham, on May 10th, to inaugurate a new branch of the N.U.T.N. About 150 Matrons, Sisters and Nurses were present, amongst them many Territorials from the various Military hospitals. Miss Lloyd took the chair; and, after a few preliminary words, introduced Miss Thurstan, Organising Secretary of the N.U.T.N., who spoke on the urgent need of having a strong national and professional union. The resolution, stating that it was desirable to form a Birmingham branch, was put to the meeting and carried unanimously. Miss Ashford was appointed the temporary Secretary, and said she hoped to receive a great many names. The first general meeting of Birmingham members will be called shortly. 106 members joined the new branch. Miss Musson said a few words, wishing it every success, and invited everyone present at the meeting to a most delightful tea in the board room of the General Hospital.

It is proposed to start a quarterly magazine for members of the N.U.T.N., the first issue of which is to be published on July 1st. It is natural that an association should wish to have its own official organ; it is so difficult to keep in touch with members without it, but monthly and quarterly magazines are not very popular, because they naturally fall into the category of reports—and what we all thirst for in these days is news. Then, just at present, the cost of labour, paper and production is so high, that, if the War continues, journals will cost subscribers more, or will decrease in size. On the other hand, the policy of a society cannot be driven home without the publicity of the press. Without the "constant dripping" of *THE BRITISH JOURNAL OF NURSING* on the question of the State Registration of Nurses, the whole movement would have been submerged by the employers' press ages ago.

NEW APPOINTMENTS.

Russian Medical Relief Expedition.—Sisters Miss C. Percival, Miss A. Simpson, and Miss J. G. Webb.

Exeter V.A.D. Hospital.—Miss A. Rooke, Staff Nurse.

THE CONFERENCE ON THE NURSES' REGISTRATION BILL.

A Conference between the representatives of the Central Committee for the State Registration of Trained Nurses, and the College of Nursing, Ltd., will be held on Friday, May 19th, at the Automobile Club, Pall Mall, at 3 p.m. The Draft to be considered is the Bill now before Parliament, which has the advantage of priority, and the support of a large number of societies which favour State Registration of Nurses. The delegates nominated to confer are :—

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF TRAINED NURSES.

Major Chapple, M.P.

Mr. T. Jenner Verrall, British Medical Association.

Dr. Bezly Thorne, Royal British Nurses' Association.

Dr. J. McGregor Robertson, Scottish Nurses' Association.

Mrs. Bedford Fenwick.

Miss M. Heather Bigg, Matrons' Council.

Miss M. Breay, Society for State Registration of Nurses.

Miss L. A. Morgan, Fever Nurses' Association.

Mrs. Porter, Irish Nurses' Association.

THE COLLEGE OF NURSING, LTD.

Miss McIntosh.

Miss Barton.

Miss Lloyd Still.

Miss Amy Hughes.

Miss Haughton.

Sir E. Cooper Perry.

Miss Cox-Davies.

Mr. Comyns Berkeley.

Dr. Turney.

Reports of the proceedings will be submitted to the Central Committee for State Registration and to the Council of the College before accepted amendments are incorporated in an agreed Nurses' Registration Bill.

SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Owing to unavoidable events, the Annual Meeting will take place on June 8th, and not on June 1st, as previously arranged. The Meeting will be held, by kind permission, in the Small Hall of the Royal Society of Medicine, 1, Wimpole Street, London, W., at 4 p.m., and those present are invited to tea by Mrs. Walter Spencer at 2, Portland Place, after the Meeting.

The Hon. Secretary, Miss M. Breay, will be pleased to receive nominations for the Execu-

tive Committee for the ensuing year by the 25th May at 431, Oxford Street, London, W.

Some 500 certificated nurses have joined the Society during the year, the majority within the last four months in active support of the Nurses' Registration Bill, and the principles which inspired it.

HÔPITAL EDITH CAVELL.

HÔPITAL ECOLE DES INFIRMIÈRES DE FRANCE.

The proposal to provide a Training School near Paris for French girls of the well-educated class who wish to train in their own country on the English system, is now beginning to take shape. We have before us a plan providing for 100 beds to be erected on the pavilion system, which is to be used for sick and wounded until the end of the war, and then organized for the use of civilians. It is proposed that the permanent Nurses' Home shall not be built until the war ceases. The site is a fine one, on which pavilions for 200 beds, administration blocks, and the Nurses' Home and College can be placed, well surrounded by open spaces.

The French Flag Nursing Corps is to provide the teaching staff and the Sisters, and already a requisition has been made for the services of Miss Haswell, its Matron-in-Chief, to act as Matron. Senator Heriot, so well known in France, is to be President of the Edith Cavell Foundation, and many well-known French ladies are deeply interested in the scheme. Mrs. Bedford Fenwick has been invited to act as Nursing Adviser, with a seat on the Committee. Several of the F.F.N.C. Sisters who have been working in France for over a year, who speak fluent French, and thoroughly understand and sympathise with French lines of thought, are to be selected to help to take part in the foundation of this most valuable work. We shall keep our readers informed of the progress of the movement.

VOLUNTARY REGISTRATION.

Miss Cox-Davies, Matron of the Royal Free Hospital, addressed a meeting at Derby last week in support of the College of Nursing, Ltd. It may be the fault of the reporter, but no mention appears to have been made of the provision to register V.A.D.'s and other hospital workers, as well as certified nurses, nor was a satisfactory reason advanced for the College constituting itself the Governing Body of the profession of nursing without its consent.

CONSTITUTIONAL GOVERNMENT FOR THE NURSING PROFESSION.

YORK COUNTY HOSPITAL.

Much interesting English History, secular and ecclesiastical, is embodied in the ancient city of York, dominated by the beautiful old Minster, of which the inhabitants may be justly proud. It is the seat of the Northern Primacy, and for many centuries, namely since the thirteenth century, Bishopthorpe has been the archiepiscopal residence. The great walls encompassing the city, recall turbulent times now happily past. The Hospital is also old,

Stewart, who is a member of the Matrons' Council is anxious, as all Matrons are, to see improvements march a little quicker, but, as usual, the war—destruction—and the money needed for it, prevents the necessary work of construction, at least for the time being.

The old sallow complexion of the walls of the corridors has been replaced by a rich crimson—of not too dark a shade. A deep dado of this colour, beneath the cream-coloured upper wall, has a very charming and cheerful effect. In the very comfortable looking Nurses' Sitting-room, a good audience of Nurses assembled on Friday afternoon, May 12th. By the courtesy of the Matron, Miss Beatrice Kent had the honour of



THE CHILDREN'S WARD, COUNTY HOSPITAL, YORK.

but as the requirements of medical science necessitate alterations in old hospitals, it is gradually being modernized. The illustration shows the fine Children's Ward, bright with flowers, human and otherwise! the former being of course the most beautiful; so tenderly are they cared for by the gardeners (the Nurses) that the one of sturdy growth in the foreground does not want to go home! He probably knows, instinctively, that he could not flourish so well on that soil! The Matron is seen to the left in dark dress. The Children's Ward is one of the more modern parts of the building. The Matron, Miss Kathleen

an invitation to address them upon the question—at the present time of such vital importance—of State Registration. For very obvious reasons, the subject cannot now be dealt with apart from the College of Nursing, Limited; the speaker therefore, having made a study of the Articles of Association of the College, explained the provisions. A gentleman present remarked that her criticism of the College scheme had been "very fair and level-headed." Among the members of the Nursing Profession who came from different parts of the City were Miss Wishart, Matron of the Maternity Hospital; Miss Head, Matron of

"The Retreat"; Miss Blenkhorn, Matron of the City Infirmary, and Miss Woodhouse of the Nunthorpe Hall V.A.D. Hospital. The latter has been the victim of a recent Zeppelin raid; an incendiary bomb dropped on the building, setting fire to the upper portion of it. Fortunately all the patients were located on the ground floor, and no one was injured.

Miss Wishart, in a few gracious words proposed a vote of thanks to the speaker, and said that she was sure the meeting was entirely in agreement with her, and that they were very glad to be further enlightened upon such an important subject.

Miss Stewart hospitably entertained her guests to tea in her sitting-room afterwards, with the aid of the Assistant Matron. She thoroughly succeeded in making the occasion as pleasantly sociable and informal as she had wished it to be. Several Nurses applied for membership of the State Registration Society.

AS SEEN BY A NURSE FROM STEPHEN'S GREEN, DUBLIN.

On beautiful Easter Monday we were sitting idly at our windows watching the holiday makers flocking into the Green, which, as you know, is a small park laid out in gardens for the people. Numbers of Sinn Feiners were passing to and fro, but we have been so accustomed for months to see hundreds of them parading the streets, we thought it was only a holiday parade. Suddenly a few explosions took place, which sounded like motor tyre valves, but presently the people, looking terrified, came streaming out of the Green, driven by a little uniformed man who now and then discharged a revolver in order to hurry them up. At first everyone thought a little madman was running amok, but then we noticed men inside the railings hurriedly digging trenches! The gates were shut and barricaded from the inside, one being left open so that the deadly work contemplated could be carried out. The first man attacked was a doctor who drove up in his car, the little "officer" ran over with revolver in one hand and a small hatchet in the other. The revolver was pointed at the doctor, who promptly knocked it out of his hand, but before the rebel brought down the hatchet, his colleagues in the Green called him for bigger game. This was a tram car. The driver was held up and the people ordered out. A gentleman who went to the driver's assistance was shot and wounded, but managed to escape. After that, every vehicle was stopped, and a barricade made across the street opposite the Shelbourne Hotel so that nothing could get past. By this time the whole Green was in the rebels' hands, and what was going on with us was going on at every gate. The Countess Markiewicz was

in the trenches opposite us, dressed in her dark green uniform, shooting up at the windows of the hotel and different clubs on the Green. The ghastly work went on till late night. The rebels took the house next this, and were on the roof looking into our side windows! Not by any means agreeable companions! All Monday afternoon quantities of ammunition were carried from the Green to those men on the roofs. Many were killed in this zone, for it was a case of three or four rebels firing on one object. There was no sleep for us, and at dawn we were at the windows again! Great preparations for "cover" were going on in the Green, a fight was evidently in prospect. At 5 a.m. the first volley was fired by the military, and several rebels fell mortally wounded and rolled over into their trenches. From then on rifle fire and machine guns went on at intervals all day. The rebels on the roof shot ruthlessly at civilians, but were soon cleared off by the military. To take the Shelbourne Hotel was a main object, and when they found that impossible they were going to bomb and set fire to it. But the gun fire from the Shelbourne kept them out of bomb range. The hotel windows have been greatly damaged and I suppose the inside of the rooms, but it stands as bravely as ever, and we are grateful to its defenders. The College of Surgeons was early taken by the rebels and a flag of the "Irish Republic" fluttered from its flagstaff for five days! You remember the beautiful hall where we held our Reception and Pageant of Nursing in the year of the Conference? Some of the portraits had bullets through the heads. Queen Victoria was considerably damaged, and in a vacant space was written "Long live the Kaiser." On Thursday morning I went with some nurses to help with a temporary hospital, and for over a week we helped to nurse a number of the gallant Sherwood Foresters, who were badly hit when getting into Dublin. None of them liked the "job" they were on, and one could not wonder. The ruin of the city is terrible. I went for a drive as far as the Rotunda Hospital. In Sackville Street there is desolation; it reminded one of the pictures of Ypres! The post office is a shell! and Eason, our large newspaper place, ruins. The looting in that part was very bad, women in bare feet going about in coats worth £100, black silk dresses on the top of rags, diamond rings and gold watches were offered for 1s. and 2s., and pianos were taken and quarrelled over! There was absolutely no panic, and although we all had to come and go under hail of bullets, I know of no one who was afraid. The risk, of course, was stray bullets, but many sad cases occurred where these found a mark. The tales of sorrow and ruin are distressing, and one wonders what can be the "ideals" of this Sein Fein Society, which will allow its members to cause such distress and suffering to their fellow countrymen.

In spite of what the Premier stated, the rebels had machine guns.

APPOINTMENTS.

METROPOLITAN ASYLUMS BOARD.

LADY SUPERINTENDENT.

Darlington Hospital and Dispensary, Darlington.—Miss H. H. Morgan has been appointed Lady Superintendent. She was trained at the Birmingham and Midland Hospital for Women, where she subsequently held the position of Assistant Matron. For two years she has been Matron of the Harborne Hall Auxiliary Hospital.

MATRON.

Bucknall Fever Hospital.—Miss M. L. Thomas has been appointed Matron. She was trained at the London Hospital, Whitechapel, E., and has been Matron at the Fever Hospital, Plymouth, the Bury Fever Hospital, the Luton Sanatorium, and the Cranston Lodge Sanatorium, Stroud, Gloucestershire.

SISTER.

St. Leonard's Hospital, Sudbury, Suffolk.—Miss Jessie Punchon has been appointed Surgical Sister. She was trained at the Edmonton Infirmary (now a Military Hospital) when she was gold medallist of her year.

City Hospital, South Grafton Street, Liverpool.—Miss Mabel Robinson has been appointed Sister. She was trained at the Toxteth Infirmary, Liverpool, where she has held the position of Sister.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Gertrude Lawton is appointed to Stockport as Superintendent.

Miss Lawton received General training at the General Hospital, Altrincham, District Training at the Shoreditch Home and holds the C.M.B. certificate. She has since held various appointments under the Institute including that of Senior Nurse at the Manchester (Harpurhey) Home, Pontypridd, Wakefield and Newton Heath.

Miss Annie Caldwell, is appointed to Newton Heath as Senior Nurse; Miss Kathleen G. Cowen to Hackney as School Clinic Nurse; Miss Jessie L. Paris to Tipton as Staff Midwife.

THE ROYAL RED CROSS.

On May 10th, the King held a Council at Buckingham Palace, when, amongst the honours bestowed, Miss Isabel Church (Sister, Queen Alexandra's Imperial Military Nursing Service), received the Royal Red Cross (First Class).

RESIGNATION.

Miss C. Alice Barling has resigned the position of Matron of the Ilford Isolation Hospital, after holding the appointment for nearly eleven years. Miss Barling was trained at St. Mary's Hospital, Paddington, and was for several years Matron of the Borough Sanatorium, Folkestone.

EXAMINATION OF NURSES.

The following is the list of successful candidates at the examination of Nurses in the Hospitals Department of the Metropolitan Asylums Board, April, 1916. The letters after the candidate's name indicates in each instance the hospital to which she is attached.

The total who entered in all classes were 81, of whom 64 passed the examination.

Sisters.—S. Jones (G.), L. Jones (G.).

Staff Nurses.—E. Roberts (P.), M. Cole (P.), D. E. Watkinson (E.), E. Rawlins (P.), G. Twiddle (P.), C. Isaac (P.).

Probationers (Total marks, maximum 600).—K. Cunningham (N.E.), A. C. Knight (N.E.), 523 (Gold medal), M. M. Hall (E.), 505 (Silver medal), E. M. Atkins (E.), 493 (Bronze medal), C. C. Jonathan (N.E.), A. Davies (N.E.), M. F. Pettett (S.E.), G. A. Williams (N.W.), H. J. Burt (E.), L. E. Thorne (W.), M. Hutton (S.W.), L. M. Tully (N.E.), W. M. Latham (W.), M. Davies (N.E.), T. M. Perley (N.W.), E. Kaberry (S.E.), E. Howlett (S.E.), L. M. Anthony (N.E.), E. Lade (N.W.), C. S. Hardy (S.E.), E. Bailey (G.), G. C. Sagnier (S.E.), S. A. Wikman (S.E.), L. M. Bishop (S.E.), K. V. Hope (G.), R. M. Marsden (N.E.), D. L. Taylor (N.E.), H. Vine (N.W.), E. R. Busbridge (G.), M. W. Hatch (W.), S. Lawlor (S.W.), L. Casemore (S.W.).

Assistant Nurses, Class II.—Examination only (Maximum 400).—R. Lewis (N.W.), R. Mitchell (N.W.), M. Corkery (G.), M. Tatam (W.), C. Tooley (W.), B. Healey (W.), M. Fox (N.W.), E. Mace (S.W.), L. Keen (N.W.), E. M. Spice (G.), F. M. Woodbridge (N.W.), F. M. Isaac (N.W.), E. Finch (S.E.), E. Channon (N.W.), E. Evans (N.E.), S. Fitzgerald (N.E.), S. O'Connell (N.E.), E. Cudmore (G.), E. Slater (N.W.), E. M. Cullip (G.), A. Doyle (N.E.), J. Hanrahan (S.W.).

Assistant Nurses, Class I.—M. Noble (P), E. Ashwell (P.).

TRUE TALES WITH A MORAL.

HEADS SWELL—LET CLEAN.

Walking down mean streets the other day, I was accosted by three small and ragged girls, whose excited faces proclaimed that some experience of an unusual and gratifying nature had befallen them. The leader of the trio, with an air of "I must speak or burst," ministered to my curiosity.

"The School Nurse come to our school this mornin'."

"Did she really?"

"Yuss; and I ain't got nuthin' in my 'ead, and she ain't got nuthin' in 'er 'ead, and this other little gal ain't got nuthin' in 'er 'ead neither." These proud boasters were then lost to view.

H. H.

NURSING ECHOES.

At a recent Meeting of the Council of Queen Victoria's Jubilee Institute for Nurses it was announced from replies received to a letter sent to the affiliated associations with regard to the salaries of Queen's Nurses being raised, "it is gratifying to note that they are practically unanimous in agreeing with the Council that the salaries and allowances of the nurses are inadequate considering the increase in the cost of living, and a considerable number of associations have already increased the remuneration of their nurses so as to bring it up to the new scale."

We are pleased to report this step in advance. The work of the Queen's Nurses amongst the poor is so invaluable that they should be secured from all financial anxiety in the future. When we have a Ministry of Health, pensions for these social workers should be one of the first charges on the State.

We are greatly indebted to our readers for their generous response to our appeal for Nurse N., who is at present quite unable to work owing to failing eyesight, and who has been under the care of Sir Anderson Crichtett, the great oculist. We asked for £13, to add 5s. weekly to Nurse N.'s little income of 10s. a week. Since our last issue we have received: "Anon.," £1; from Mrs. Shuter, Miss Blaine, and Miss C. McCarthy, R.N.S., 10s. each; from Mrs. Jardine, Miss M. Harvey, R.N.S., and Miss A. Schuller, 5s. each, and from Miss Elma Smith 2s. 6d., making to date £10 10s., and only £2 10s. is now required of the sum asked for. Mrs. Cook writes of the pleasure and gratitude of Nurse N. for this financial assistance. Knowing as we all do how impossible it is to live and get sufficient food, especially in these hard times, on 10s. a week, even if we have good health, we feel sure the donors have felt it a privilege, as well as a pleasure, to help a sister in such sad distress. The loss of sight is a terrible misfortune for those who can be well cared for: it is a tragedy for the poor. We never pass a blind person without a heartquake and a glance at God's Heaven, for fear it should be blotted out. Once we knew a little maid who passed many well-spent hours "down Westminster way," where she read the newspaper to a blind man who had a pitch in that vicinity. He had seen better days, as he described it, "when the Heaven was blue." It was a touching sight to see these two human

beings together, with one pair of eyes—and sometimes we thought one soul—between them.

This week we have received a copy of the *Queen's Hospital (Birmingham) Nurses' League Magazine*, in its charming French grey cover, which contains as frontispiece a lifelike portrait of the late Miss Maud Buckingham, the founder of the League, still so sadly missed at the Queen's Hospital. Affectionate reference is made to her fine character, and to her funeral and memorial services. It is proposed that the memorial fund shall provide a mosaic tablet on the north wall of the chapel, but the committee are open to suggestions.

A long list of the members who are on active service is given, and many interesting letters, more or less from the Front, are published. The writers have much of interest to say of their travels in the Near East and elsewhere when on active service. We cannot but think that the good jogging out of home ruts which trained nurses get on such service is going to be an immense benefit to them personally, and to the profession as a whole. Never again will many trot around the cloisters all content, hardly seeing an inch beyond their noses, incapable of forming an opinion on world affairs beyond the gate. Insularity is our national defect; professional insularity has been the reason why 53 Nurses' Acts are inscribed on Statute Books all over the world, and we are still nibbling at the suggestion to accept once more the pre-historic system long since proved useless, of voluntary registration. Rip Van Winkle is not in it!

But to return to the interesting correspondence of the Queen's Hospital Nurses' League. A sister writes from Cairo:—

I have just returned from Egypt. A party of four of us went up for five days. It is a most glorious place. One has not really seen Egypt until one goes there. It is four hundred and ten miles from Cairo, and we were there three days. I cannot describe to you the beautiful and quiet life of the carriage. One was very thankful to reach their destination and get a bath, and change at the end. We visited the "Tombs of Queens," dating back to thousands of years ago. The carvings on some of the walls were really marvellous. One could not realise that it was so old, for they looked so fresh, and some of the walls were painted such lovely blues and greens. The tombs were only excavated nineteen years ago. We went on donkeys to them, and it was fearfully hot—ninety-seven degrees in the shade. I felt it very much at the back of my neck. Coming back a sand-storm was just coming up. They are really terrible. The sand gets in your eyes, mouth, and ears, and nearly chokes one.

Another afternoon we took a boat and went up the Nile to the orange groves. Took our tea in a basket and had it in the garden. Afterwards we gathered oranges and ate them. They were so nice and fresh just gathered, and the smell of the blossoms was lovely. On the way up we passed the house where Robert Hichens wrote the book called "Bella Donna." I expect you have read it. I remember the book quite well, so of course it was most interesting. We were provided with a native band, too; but I much prefer them at a distance, it sounds sweeter. Then one of the men will always dance, so it was all very entertaining.

Then another day we drove out to visit the Coptic Church, and on the way were entertained by a snake charmer. He was really wonderful, pouring out an incantation the whole time. First of all a scorpion made its appearance. They are much smaller than I imagined, and, of course, deadly. He made it climb a wall, and then told it to stand still, and the creature did so. Then we went along a little further, the guide still pouring out this wild incantation, and out came a cobra. They are beastly-looking creatures. We all took good care to keep at a safe distance, it began to glide away so quickly; but the snake charmer told it to stop, and it held up its head and was perfectly still. I am awfully glad we saw that, for it is so typically Eastern, and one would hardly believe it at home. I was rather disappointed in the Coptic Church and Monastery, it was in a filthy condition, and reminded me very much of a stable, the altar was so neglected, and everywhere very dirty. We were all so surprised. I should have thought they would have had more respect for their church than to let it get in that condition; also the font was just like a copper you see in wash-houses. In the yard there were about six people having a meal, and all sitting round the one dish, and putting their hands in and helping themselves. I should very much have liked to take a "snap," only the light was not good enough.

A correspondent whose standards of professional conduct are very high sends us the following advertisement cutting:—

YOUNG LADY requires remunerative work, Kent or Surrey; thoroughly understands horses; riding (astride or side), driving, grooming, &c.; speaks French; is experienced Nurse, but horses preferred.

We feel we ought to be shocked, but the two last words, "horses preferred," disarm criticism. We know others who prefer animals to humans. Moreover, surely a good horse-woman may also be a good nurse. We once knew a well-meaning old Canon of the Church who, as Chairman of a Children's Hospital, considered a young woman "totally unsuited

for a nurse because she rode to hounds." Nursing history proved his judgment in error.

The report of the Visiting Nurse Association of Chicago, especially that portion of it which is submitted to the Board of Directors by the Superintendent, Miss Edna L. Foley, is a very human document.

"Visiting nursing," says Miss Foley, "is hard work, but if it were not worth while, why should many of the best nurses in the country be interested in preparing themselves for it? Why should some of our busiest, most generous citizens give hours of time and thought to supporting and directing it? . . . The reward of good service is an opportunity for more service—the six recently supported new districts which we have been able to open since our last annual meeting are a tremendous incentive to more intensive, better work. . . .

"All nurses and doctors should have some district work. The patient is never merely a numbered bed when they have once seen him in his home surroundings. In fact, our patients are always our patients, even when we have turned them over to other hands." It was love of these patients, when it was a question of the appointment of a new President of the Municipal Tuberculosis Commission, that led the Association to work hard to convince the Mayor that Dr. Theodore B. Sachs was pre-eminently the right man in the right place. "Citizens who have not seen our splendid new sanatorium do not perhaps realize what a wonderful investment a certain Visiting Nurse Association's appropriation of 2,000.00 dollars for tuberculosis work in 1902 has become. . . .

"Most of our patients love us, and after all they are our *raison d'être*. Not all of them, of course. After a visit from an unduly tidy and somewhat over-zealous nurse, an occasionally crochety one takes pen in hand and writes us as follows:—

"Dear Sir: A nurse called to-day, and she was the sassiest thing that ever entered my house. I was sick for three weeks and am not able to work very much. I have 5 small children, and they have to play in the house when it is bad weather and the muss the house. My man was home 2 weeks sick and We could not hivy the work dun. there was dust and ashes on the rug, and the nurse said no wonder you are sick with all that dirt. She said her mother never had a house like this, and her mother had 6 children. That woman made me nervous. The rest of the nurses who came was very nice they all liked to help me, but the one came today do not send again. Please excuse Pencie, I hav no ink in. Yours, Mrs. —."

THE NURSES' MISSIONARY LEAGUE.

THE GLORY OF THE IMPOSSIBLE.

MISS C. H. MAYERS.

THE annual conference of the Nurses' Missionary League was held at University Hall, Gordon Square, N.W., on Tuesday, May 16th. The proceedings opened at 10.15 a.m. with a hymn and prayers.

Mrs. Lenwood, the Chairman, gave the opening devotional address on "What is the Impossible?" The answer to this she said all depends on whether we speak humanly or whether we try to speak divinely. It seemed that the impossible thing was just love. When we thought we were a little nearer brotherhood the world became plunged in war. She brought her remarks to a conclusion with the reminder that "I can do all things through Christ."

Miss Richardson reminded her hearers that the League did not stand for numbers but that their members should always stand for the highest. She urged that members should make every effort to join the annual camp, if only for a day or two out of the fortnight. Many had said that the time so spent had been the inspiration of their lives.

Miss J. Macfee, in the review of the year's work, said that in spite of the many other absorbing calls the meetings had been maintained throughout the year. This year three quiet days had been held which had proved most helpful, and in the future she much hoped that the number would be increased. Four hundred of their members were engaged in war work and they were distributed all over the war zone. Three of their number were taken prisoners in Serbia. Sixteen new members had sailed this year in spite of the many additional difficulties.

A very interesting feature of the morning session was the Demonstration Study Circle, which was conducted by Miss C. H. Mayers. The subject was, "How are Medical Missions attempting the Impossible?"

Miss Magee suggested three points for discussion: (1) Prejudice and Ignorance, (2) The Position of Woman in Heathen Lands, (3) The Insanitary Conditions.

With regard to the first difficulty, a worker from China said she thought ignorance was a great difficulty. Among the Chinese there was a great deal of superstition and fear about death. A death occurring in a ward would often result in the whole of the other occupants going home.

A missionary from South India said that a very real difficulty in her work was certain customs. One was that milk was supposed to feed a fever, and to keep suppuration up in wounds, so that it was a question on what diet to place these patients.

With regard to the position of women, it was well illustrated by a missionary from China, who said that on one occasion it became necessary to amputate the hand of a girl. Her friends however

the use of a woman without a hand; she can't

difficult for the women at a distance to attend a hospital on account of their bound feet.

In India a nurse related how she had visited a small company of silk weavers, all of whom were lepers and whose work was offered in the general market.

Miss Hope Bell then gave an address on "Achieving the Impossible in China." One of the greatest she said was the language. She gave an amusing description of how, having decided to have two nurses to her office for a scolding, she discovered that she did not know the Chinese for their offence.

The concluding intercessions were led by the Rev. H. N. P. Napier Clavering.

In the interval tea and coffee were distributed and the members had opportunity for social intercourse.

AFTERNOON CONFERENCE.

In the afternoon Mrs. Wigram and Miss C. H. Mayers were the hostesses at a very pleasant Conversation, and Miss Richardson and Miss J. Macfee were indefatigable in making everyone feel at home, though indeed the majority of those clustered round the little tea tables were evidently well known to one another, and gladly availed themselves of the opportunity to discuss questions of common interest. Mrs. Gill sang in a voice of unusual compass and sweetness "Cleansing Fires" and "Land of Sunset Glow," and Miss M. Macfee as usual sang charmingly, "Angels ever bright and fair" being the song selected.

Miss Lilius Blackett, M.D., B.S., who was to have spoken on "Work in a Military Hospital and in the Punjab," was unfortunately detained by urgent military duties. Miss Hope Bell (Hankow) spoke a few words on the "Power of the N.M.L.," and said that its greatest value was in helping the members to be witnesses for the Lord Jesus. Only a certain number could be trained advocates, but all were called to be witnesses.

The Rev. J. W. Woodhouse, Chaplain to King George Hospital, taking for his subject "The Greatest of these is Charity," said that as a hospital chaplain he saw the enormous influence that the nursing world had on men at the present time. When he read the chapter from which these words were taken he always thought of St. Paul as intensely disappointed with the converts in the churches he had gone to visit. One man who had the gift of eloquence got up to preach and St. Paul was bored, tired; the words of the preacher seemed as clanging brass and a tinkling cymbal. Those who knew that noise in an Eastern street knew how it jarred. Others had divers gifts but they lacked love, so St. Paul spoke to them of the greatest of gifts, the Charity which never faileth and taketh no regard of evil—the spirit which should be a reflection of that of Jesus Christ who saw in Peter not the deliberate sinner but the man who went out and wept bitterly.

EVENING MEETING.

The Evening Meeting was primarily a business one. Those interested in the League should procure from Miss Richardson, Sloane Gardens House, Lower Sloane Street, a copy of the Annual Report then adopted.

IRISH NURSES' ASSOCIATION.

An executive meeting of the Irish Nurses' Association was held on the 13th inst., Miss Ramsden presiding.

Martial Law necessitated having the meeting in the afternoon instead of the evening as usual; consequently there was a small attendance.

The College of Nursing Scheme was discussed, but no news had come to hand since the Committee last met.

After the election of some new members the meeting was adjourned.

A TRAVESTY OF JUSTICE.

Charged with wearing the uniform of a British Red Cross Nurse when not entitled to do so, Edith Ethel Noales, twenty-four, nursemaid, of 10, Ruthin Road, Greenwich, was remanded for inquiries to be made at Woolwich Police Court on Tuesday. It was stated that Noales said that she was not a nurse.

Had Noales masqueraded in the uniform of a nurse trained and certificated after four years' arduous work at any of our leading training schools, she would be free to do so. But to assume the uniform of an untrained woman, herself assuming a title to which she has no right, brings her within the clutches of the law. A travesty of justice, especially so far as the skilled worker is concerned.

WORRY AND INSANITY.

The second volume of the annual report of the London County Council for 1914—"Asylums and Mental Deficiency"—contains a report by Dr. Mott, pathologist to the Council, on the work accomplished in his laboratories during the year.

An important and interesting investigation was that into the incidence of mental deficiency among the offspring of the insane in the London County asylums. The families of 588 insane persons were investigated and according to reports received from the education authorities only 15 (2 or 3 per cent.) of these had mentally defective children. Only 56 out of 573 parents had children after their first attack of insanity, and 106 children were born after the onset of insanity in the parent, whereas the remaining 1,259 children were born before the parent became insane.

Dr. Armstrong Jones, the medical superintendent of Claybury Asylum and lecturer on mental diseases at St. Bartholomew's Hospital, emphasizes in the report the influence of domestic trouble, stress and anxiety on mental trouble. These factors justify the common belief "it's worry, not work, which kills." He has rarely, he states, seen insanity result from overwork alone—*i.e.*, apart from loss of sleep, fatigue, and ill-health.

THE CARE OF THE SCHOOL CHILD.

The Physical Development of the School Child was the subject of the second lecture of the course on the Care of the School Child, which is being given weekly at the London Day Training College, Southampton Row. The lecturer was Reginald E. Roper, Esq., M.A., Master of Physical Education, Bedales School, Petersfield. This branch of education, said the lecturer, could not be relegated to the gymnasium or to the playing of games. Nothing could excuse the system which so neglected it. It had come to be regarded as the Cinderella or slum child of school life, and often occupied no more than fifteen minutes out of the day.

It should have its proper system of theory and practice, and at the end of the term the child should be in consequence healthier and have a better carriage and complexion.

The essential condition of school life was lack of movement, and he estimated that about six hours daily or a quarter of school life was spent in the sitting position.

The lecturer showed diagrams illustrating the ill effects of this system, and its effects on breathing by the shortening of the chest space, and on digestion by the lengthening of the space allotted to it. Diagrams were shown which illustrated how the curved back acquired from this position could be corrected by simple exercises of bending the body backward.

The average school had a lower physical standard for girls than boys. This was an artificial prejudice and he advocated the co-educational system.

Among the children of the well-to-do about 25 per cent. needed individual treatment; this would of course be higher among the poorer classes. Children should be instructed in the needs of their growing bodies. Without self-knowledge self-control was impossible. With it they would learn to respect themselves and others.

In addition to nature study, chemistry and biology, the study of physiology and anatomy should find their place in school life. Sex instruction could naturally follow from ordinary anatomy. This taught in class would eliminate emotion and secrecy.

The ignorance about venereal disease was appalling, and the nation was unprepared to deal with it. No hard and fast lines could be drawn between mental and physical training. Many organisations had been started, both religious and social, to deal with physical development, but it could only be effectively dealt with by trained teachers. It was essential that teachers should know the structure of parts for the growth of which they were responsible.

Her Majesty the Queen will open the new South London Hospital for Women, South Side, Clapham Common, on July 4th. An earnest appeal is being made for financial support.

BOOK OF THE WEEK.

"EARTH TO EARTH."

This new volume, to which we have been long looking forward, consists of a collection of short stories. It is rather a disappointment that it should have taken this form; very few writers can concentrate with satisfaction. One is no sooner launched into an interesting situation than down comes the curtain without anyone having arrived anywhere. "The Dop Doctor" and its successors with their finished and brilliant scheme and description make one feel discontented with "samples" from the same pen. Perhaps the most taking of these stories is "A Nursery Tea," which tells of an aged woman who had been nurse in a baronet's family, and who, long after her nurslings had grown up and married, long after her old master and mistress were dead, was left alone at "Fayncourt" up to the day it came under the hammer. The roof of the old home was all that was left to her, for the younger generation had forgotten their old nurse—forgotten to pay her pension, and she was alone, ill and in poverty.

The sale of the property had drawn the members of the family down to see it once again, and they meet in the old nursery.

To Nurse Brown, ill and half childish, these grown men and women were her little charges once again, and their differences of opinion were once more childish quarrels.

"The quavering old voice rose.

"You'll kiss each other, dears, like a good boy and girl, otherwise the tea won't draw and there'll be no sugar on the bread and butter."

"You always used to say that, you dear old thing, when we were naughty," Lady Vibart cried. She straightened the poor shabby cap, and patted the old, worn, veinous hands.

Triumphantly she bade them draw to the table.

"And manners, my dearies, remember. If I'm humble myself I know how my betters should behave. Yes, Master Wilfrid, you may cut the bread. Miss Gertrude likes to butter it. There'll only be brown sugar on the second slices."

Old Nurse died at that strange tea party.

"My boy a-crying," said she. "What, frightened of the dark and me so near. I'm a-coming, my love."

This is a tender and pretty sketch.

"The Hare" comes next in our opinion. The old couple who figure in this story have poacher descendants, and in consequence the old woman "fiercely as she hated the partridges, pheasants and plover, the hare was her chief enemy of all."

"You wickerd leery beast, git along-on do. Ev'n't you done enough harm to me an' mine? Git along wi' 'ee, I tull 'ee."

Her old man would cry sometimes for a bit of meat, or even lard for kitchen to his crust, but

terrible as this was, "it would have been more terrible still to have one of 'they wickerd beasts' brought by some well-meaning but unscrupulous hand across her threshold."

The passage-at-arms between her and the old man about the nightly ablutions is very amusing. "Take off your 'at!" she commanded.

He held on to the cherished headgear with both hands.

"Take off your 'at, our Dad, an' let I wash 'ee."

"You can wash I when I be de-ad," he declared, "an' not afore."

She turned on him.

"When I be dead you may get so crummy as a cuckoo; but while I live I'll wash 'ee."

The old man caved in."

There are numerous other tales dealing with many conditions of life, but we have no space to notice them.

H. H.

WE THANK THEE, LORD,

For mercies manifold in these dark days.

For Heart of Grace that would not suffer wrong.

For all the stirrings in the dead dry bones.

For bold self-steeling to the time's dread need.

For every sacrifice of self to Thee.

For ease and wealth and life so freely given.

For Thy deep soundings of the hearts of men,

For Thy close knitting of the hearts of men.

For all who sprang to answer Thy great call.

For their high courage and self-sacrifice.

For their endurance under deadly stress.

For all the unknown heroes who have died

To keep the land inviolate and free.

For all who come back from the gates of death.

For all who pass to larger life with Thee

And find in Thee the wider liberty.

For hope of Righteous and Enduring Peace,

For hope of cleaner earth and closer Heaven,

With burdened hearts but faith unquenchable,

We thank Thee, Lord.

John Oxenham.

COMING EVENTS.

May 19th.—Conference on the Nurses' Registration Bill, between representatives of the Central Committee for the State Registration of Trained Nurses and the College of Nursing, Ltd., Royal Automobile Club, Pall Mall, London, S.W. 3 p.m.

June 8th.—Society State Registration of Trained Nurses: Annual Meeting, West Lecture Hall, Royal Society of Medicine, 1, Wimpole Street, London, W. 4.30 p.m.

A WORD FOR THE WEEK.

Oh, Blackbird, what a boy you are,

I how you do go it!

Blowing your bugle to the evening star,

How you do blow it!

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

A PRIVILEGE AND A PLEASURE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, Please accept thanks for what you are doing for Miss N. It will indeed be a blessing to her to have the 5 shillings a week. Miss N. went to Leigh to tell the rector (the Rev. R. S. King) the good news, and he said he should also write to thank you. It is always such a good thing to be able to help anyone individually and directly, I think. It has cheered Miss N. up most wonderfully. Hers is a very sad and lonely life, but I hope, now that things are so much brighter financially, that she may be better and happier than she has been for a very long time.

Again thanking you,

I remain,

Yours faithfully,

PENELOPE R. COOK.

St. Mary's, Branksome Road,
Southend.

DEAR MADAM,—I again return my most sincere thanks and gratitude for your great kindness and the trouble you are taking for I know it all means extra work for you.

Please convey my sincere gratitude to all those ladies and dear fellow-nurses who have so generously sent me help. Rector King is so pleased. I return thanks next Sunday, for it is all an answer to prayer.

Yours very gratefully,

Southend-on-Sea.

F. N.

THE REGISTRATION OF V.A.D.'S.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was glad to note that at the Guy's Hospital Nurses' League Dinner the inevitable question was asked, "Are you going to register V.A.D.'s on the College Register; or what are you going to do with them?" A reply was given that "V.A.D.'s would not go on to the Trained Nurses' Register." "It would be for the hospital trained nurses to regulate the examinations of the V.A.D.'s." Why? What have we as a skilled profession to do with them? Like thousands of other War workers, these women no doubt have offered, inspired by good motives, to help the country during this crisis in its affairs. Surely there will be two courses open to these helpers when peace is declared—they can either enter nurse training schools and be trained, or return to their usual avocations as home makers, governesses, teachers, shop girls, domestics, mill hands, actresses, and Society women. Why are hospital-trained nurses to be made responsible for

them? It appears to me most unjust and unpractical. So surely as they become associated with us professionally, they will enter into most unfair competition with us outside hospitals. To the public one certificate is just as good as another. If V.A.D.'s want a *quid pro quo* for their patriotism, as no other type of person appears to do, let their own organisations see to it that they get some reward; why should the trained nurse be made to pay and the public confused?

Yours truly,

BETTY CLARK.

STAN M. TAYLOR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I ask on this "burning question" of registering V.A.D.'s, will it include the Commandants? If so—well, words fail. What humiliation many trained nurses have suffered in being placed under untrained autocrats during this war cannot be expressed in Parliamentary language. I have been matron (so-called) in two Red Cross Hospitals, and I have not only lost my health, but I have suffered grave damage to my professional reputation. I hope the whole profession will rise up against any such suggestion—it is monstrous.

Yours sincerely,

A NERVE WRECK.

A REAL TRAGEDY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I express my appreciation of the attitude of THE BRITISH JOURNAL OF NURSING during Ireland's present trouble.

Your position, in refraining from comment, and in not allowing the slightest trace of political feeling to appear, must be almost unique.

Faithfully Yours,

K. O'SULLIVAN

A woman who
mourns with her
country").

Chatham.

[We are sure all who know and love Ireland feel nothing but sorrow at this sad time.—ED.]

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Friday, May 26th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

OUR PRIZE COMPETITIONS.

May 27th.—What is uterine inertia? What are its varieties, and how would you treat each kind?

June 3rd.—Describe in detail the methods for the nursing of a severe case of delirium tremens.

The Midwife.

THREATENED ABORTION.

A lecture on Threatened Abortion was given by Lady Barrett, M.D., M.S., at the College of Ambulance, Vere Street, W., on May 12th, under the auspices of the National Association for the Prevention of Infant Mortality.

Lady Barrett said that the loss of child life through abortion or miscarriage was very serious. It was generally brought about by one of three things, disease, poison, or accident.

Once a healthy normal pregnancy was fully established, it was not easy to upset it. In the highly nervous, though a shock, great or small, might apparently bring this condition about, there was usually some pre-disposing cause behind it. Statistics for 1914 showed that out of 878,000 pregnancies, 175,000 aborted. These figures probably did not include many in the early weeks which were not recognised.

These statistics revealed a corresponding amount of ill-health in the mothers, which ought to be attended to and cured.

When the National Insurance Act came into force, the officials were disconcerted at the large proportion of women who came upon the funds, and at first it was supposed that, as a class, they were greater malingers than men; but, on investigation, the cases were found to be genuine ill-health, many women for the first time being able to obtain medical attention. The state of things thus brought to light showed the enormous need for greater ante-natal care.

If for any reason the close interlocking, interwoven attachment between the mother and foetus lessens, the uterus comes to regard the latter as a foreign body and finally expels it.

Imperfect fertility in either parent, syphilis, kidney disease, diabetes and lead poisoning were amongst the causes which brought about this condition. As regards the last-named, it was not so generally known that not only may the poison act through the mother, but also through the father. Then, again, the condition might be brought about by disease of any of the membranes, or by some accident, blow or kick, by lifting a heavy weight, or by severe coughing, retching, vomiting, or even straining at stool. Another cause might be displacement of the uterus, either backwards or forwards, which would cause strain when it attempts to rise out of the pelvis.

Endometritis produces an unnatural condition in the union between mother and child. Adhesions grow and become dragged upon causing contractions of the uterus, with threatened abortion.

Any poison in the mother's blood acts on the foetus, and the womb tends to empty itself.

Of drugs, ergot and iodoform were used to

produce abortion, though, if the mother were healthy, they might produce no effect.

In Russia, where the peasants ate rye bread, abortion among women is common, ergot being a product of rye.

Lead in any form was liable to bring about abortion, and though steps had been taken to prevent the sale of lead pills to women, they had come to know that diachylon plaster was made from this mineral, and it was a practice among some to make the plaster into pills. Then, again, the specific fevers were another source of danger, especially small-pox and pneumonia; also the toxæmias of pregnancy and severe heart or lung trouble.

The suckling of a child, when the mother was again pregnant, would stimulate the uterus and cause it to contract.

The commonest causes of abortion were—in the early months, endometritis and displacement of the uterus; and, in the later months, syphilis and Bright's disease.

The sign of threatened abortion was hæmorrhage—which might be very slight. If the condition went on to dilation, rupture of membranes, and the ovum presenting, the condition was inevitable.

If abortion occurred after the second month, there was more hæmorrhage than in earlier stages. If there was pain in the early months, it was generally no greater than painful menstruation.

In the early months, there was hæmorrhage without pain; and in the later months, pain without hæmorrhage.

Lady Barrett emphasised the importance of the rule of the Central Midwives Board, which requires midwives to advise that medical aid should be summoned in cases of hæmorrhage, however slight.

Though this might appear arbitrary, it was essential that a correct diagnosis of the condition should be made, as otherwise suitable treatment would not be possible, and it was not the easiest thing in the world to account for a miscarriage. For example, a displacement could be righted, if taken in time; and syphilis or lead poisoning could be treated.

A midwife's curriculum of training did not qualify her to understand these conditions. It would be realized that the treatment would not always be the same. The lecturer said that though it was good to avert threatened abortion, it was better still to avoid the threatening of abortion, and a midwife's duty to her patient began on the day when the latter engaged with her.

Any undue discomfort should have medical advice, and the ante-natal clinics were doing splendid work in this direction.

Lady Barrett concluded her lecture with advice on what to do while waiting for medical help.

In slighter cases it was important to get the nervous system soothed, and an opiate suppository would be justified in case of delay in the doctor's arrival. In severer cases, she advocated thorough plugging of the vagina with due antiseptic precautions.

PRACTICAL VALUE OF MEASURES AGAINST INFANTILE MORTALITY.

In his third Milroy Lecture before the Royal College of Physicians of London, Dr. S. G. Moore, M.O.H. Huddersfield (as reported in the *British Medical Journal*) gave an account of the remarkable results in the preservation of infant life achieved at Villiers-le-Duc, a commune of the French Midi, by M. Morel de Villiers, who became mayor in 1884 and followed in the footsteps of his father, who had been mayor for some years before 1866. Dr. Moore gave a translation of a report made to the French Academy of Medicine, which confirmed the astonishing fact that the infant mortality in Villiers had been zero for ten years (1893-1903). The report embodied the text of the communal regulations. The preamble set out that it was the duty of the municipal authorities to endeavour to stop depopulation of the country by taking the measures necessary to prevent birth mortality and stillbirths and to do away with infantile mortality. Consequently the municipal council issued an order containing ten articles. The first provided that—

Every woman with child, whether married or not, having her home in the village, and not in possession of sufficient means to allow her to take upon herself the expense of the measures necessary to secure, as far as possible, not only her own life, but also that of the child about to be born, shall have the right to require the help of the village authority.

The second invites the woman to declare her condition, before the seventh month, at the office of the mayor, and state the midwife by whom she wishes to be attended. The midwife would then be instructed by the mayor to visit the woman and to ascertain that there was neither albuminuria nor dystocia, nor dangerous presentation. The third article provided that if the midwife then considered it necessary to call in a medical man she must at once notify the authority without giving the reason for the notice, and the authority then requests a medical man, chosen by the woman, to take the necessary measures. The fees of the medical man and of the midwife are paid out of a village fund for free medical aid, and do not involve any liability on the State or on the department; a grant of 10d. a day, paid to the woman if she stays in bed for six days, is drawn from the same fund. The fifth article required a woman who takes in a child to nurse, if she does not feed it only at the breast, to provide herself

with an apparatus to sterilize the milk. She can obtain the apparatus from the municipal authority at a low price, and poor mothers who nurse their own children can obtain the apparatus on loan. All infants placed out to nurse are weighed on the communal baby weighing machine every fortnight, and any illness in any nurse-child, especially diarrhoea, vomiting, or respiratory trouble, must be notified to the municipality within twenty-four hours. If a nurse fails to carry out these requirements her certificate may be withdrawn. The last regulation provided that every nurse bringing up her own child, or a child entrusted to her, whether at the breast or by bottle, who produces the child in good health at the age of one year shall be entitled to a grant of two francs a month, dating from the time when she began to nurse the child. An additional rule made later is that a midwife must call in a doctor if a confinement is not brought to an end within twenty-four hours. From statistics furnished by M. Morel de Villiers, it appeared that from 1804 to 1878 there were forty-three stillbirths, and only two from 1878 to 1903. The report to the Academy concludes as follows: "All the facts clearly impress upon us how necessary and essential it is to have the union, the combined strength of both the officials of the administration and the representatives of the medical profession. Isolated, their efforts, however good their intentions and wishes, will be fruitless and ineffective, but combined their efforts will be all-powerful. However, it is not always so, unfortunately."

The trial of Dr. John Thomas Dickie, of 37, Lauriston Place, and Ann Taylor, of 4A, Lauriston Gardens, Edinburgh, on a charge of acting in concert in June, 1914, and between January 29th and February 5th, 1916, with using instruments upon two young women, in consequence of which both died, took place recently in the High Court of Justiciary in Edinburgh, with the result that sentence of five years' penal servitude was passed by Lord Justice Clerk in each case.

The jury, after hearing the evidence in regard to the two cases, after an absence of twenty-five minutes, found both accused guilty of procuring abortion in the first charge and also guilty in the second charge.

At the monthly meeting of the National Maternity Hospital, Holles Street, Dublin, on May 10th, the Master's report showed that in connection with the recent disturbances 40 gunshot injuries were attended to in the hospital, including men, women, and children. The Lady Superintendent's report showed that 4,000 loaves of bread, kindly given by the military authorities and Messrs. Boland, Ltd., were distributed by the hospital staff among the poor of the district. The Governors placed on record their appreciation of the noble conduct of the medical and nursing staff, who were often under fire.

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EDITORIAL.

THE PROMOTION OF INFANT AND MATERNAL WELFARE

The wastage of infant life, and the neglect of the welfare of child-bearing women, has for long been a blot on our national escutcheon, and it has apparently taken a world wide war, with its carnage and wholesale loss of life, to rouse the country to a sense of its obligations in this respect.

Now that every life is of value, it becomes imperative to enquire into the causes of unnecessary wastage as a preliminary to any settled policy of dealing with it, and we are glad that such an enquiry, in respect of England and Wales, is being conducted under the Carnegie Trust, by Dr. Hope, Medical Officer of Health for Liverpool, a well known expert on the subject, and Dr. Janet Campbell, of the Board of Education. A schedule of interrogatories has been sent out to all the Medical Officers of Health in England and Wales asking for information, both as to the extent of the need to be met, and as to the best methods to be devised of meeting that need.

The ground to be covered will include the conditions of general sanitation, housing accommodation, the extent of insanitary areas, the social conditions of the people, the nature of the principal industries, and the extent to which women are employed.

Statistics will also be given of the birth rate for successive periods, the infant death rate, especially that of infants under one year.

Also there is to be investigation of the most fatal causes of infant mortality, the statistics of maternal mortality, both in regard to puerperal fevers and other complications of child bearing, and between legitimate and illegitimate births.

The work at present undertaken by the

Local Sanitary Authorities, by ante natal clinics, by municipal hospitals, in the training and supply of midwives, as to facilities for securing a pure milk supply, and as to any scheme in operation for providing education in mothercraft will also come under consideration.

Important as is the scope of the enquiry we believe that the most important item is that concerning education in mothercraft, for it is the only foundation upon which the promotion of infant and maternal welfare can be well and truly laid. Throughout the length and breadth of the land it should be instilled into school girls of all ranks that it is a reproach to them if they assume the responsibilities of motherhood without being able to deftly wash and dress a baby, and without a knowledge of the principles which underlie infant care, and the care of their personal health and their practical application. Moreover, such knowledge should be placed within the reach of all.

Schools for mothers, essential as they are at the present time, are after all only makeshifts, for the knowledge which they impart should be acquired before motherhood is entered upon. Too often it is not until a mother has lost her first born that she realizes how vital such knowledge is to her. How should she, when neither her parents nor her teachers have impressed its necessity upon her, or provided her with opportunities of acquiring this essential knowledge. We hope whatever recommendations are made as a result of the present enquiry that the education of girls in the care of infants will be placed in the forefront. If the motherhood of the country is uninstructed the most far-reaching remedial measures proposed will fall short of their intention. With mothers competent to take care of their offspring many of the remedial agencies now employed to combat infantile mortality would be

unnecessary. Prevention is better than cure, and prevention lies largely in the hands of an instructed and affectionate motherhood. The latter qualification must not be overlooked, for young children however hygienically cared for will not thrive without affection. But, while affection is seldom lacking, a competent knowledge of infant care is the exception rather than the rule. As a guide to the performance of the supremely important duty of the nurture of the young we have mainly relied, as a nation, upon parental instinct, but this must be fortified by instruction.

What more useful work could be undertaken by the Royal College of St. Katherine than propaganda work in this connection?

Incidentally we should like to hear that the qualifications of health visitors have come under the consideration of the Carnegie Trust Enquiry. Their responsibilities are great and their knowledge often inadequate.

FLIES AT THE FRONT.

Now that King Sol begins to smile upon us we shall receive all sorts of advice about "that fly," so that it appears an opportune moment to remind nurses working at the front that they may save much irritation and suffering to sick and wounded by studying the habits and customs of flies. Some time ago an instructive circular memorandum on "The Abolition of Flies in Camps, Billets, and Hospitals" was issued by the Director-General of Medical Services, British Forces in the Field, which nurses would do well to read. Sir Arthur Sloggett pointed out that within the area occupied by the British forces in the field there were concentrated enormous numbers of men and horses, with the result that abnormal quantities of stable manure and other waste organic matter were produced, and he added that in places along the line of the actual front there were many unburied bodies. He anticipated that in consequence flies in unparallelled numbers would make their appearance in the course of the summer and autumn unless adequate measures were taken to prevent the insects from breeding. The memorandum, which was widely circulated to medical officers, contained full practical instructions for the prevention of the fly plague, and among other fly poisons enumerated was the solution of sodium arsenite, which, as was noted in the *British Medical Journal* a short time ago, has recently been employed with success and, under proper precautions, without risk in South Africa.

OUR PRIZE COMPETITION.

WHAT IS UTERINE INERTIA? WHAT ARE ITS VARIETIES, AND HOW WOULD YOU TREAT EACH KIND?

We have pleasure in awarding the prize this week to Mrs. Margaret E. E. Farthing, Matron and Head Nurse, Wem Poor Law Institution, Love Lane, Wem, Salop.

PRIZE PAPER.

(a) *Uterine Inertia* means that the uterine contractions are so feeble that they either fail to expel the child, or only succeed after a very long time.

(b) *Varieties*.—There are two distinct forms, and they must be treated separately, as they are each so distinct one from the other. They are (1) Primary and (2) Secondary uterine inertia.

(1) *Primary Uterine Inertia*.—In this condition the contractions are, from the very commencement, weak, short, and at long intervals. The causes usually lie in the uterus itself or its contents, viz., weak muscular development or weakened muscles, over-distension, as in hydramnios, or twins, tumours, wasting diseases, malnutrition, and such-like complaints, which show that the mother is in a debilitated condition. If everything else is normal there is not much need for worry, but patience is requisite, and the patient should be encouraged to hope all will be well.

(c) *Treatment*.—As the uterus is not strong enough to expel the child, stimulate its walls by gentle massage. Give warm stimulating food, and encourage the patient to sleep; probably when she wakes the pains will return with renewed vigour, and all will be well. If she cannot sleep, administer a 1-gr. opium pill. The midwife must remember that although inertia is not dangerous in itself, there are many complications which cause it; therefore it is most necessary to diagnose early, in case of obstructions, which may be more readily rectified at an early stage. If after a sleep the patient is not delivered, the doctor must be called, as if the head lies too long in the pelvis, sloughing of the vaginal walls and cervix may be the result, besides injury to the child. If uterine inertia comes on in the third stage, it is usually characterised by slow or non-expulsion of the placenta, and probably by the occurrence of atonic post-partum hæmorrhage. The midwife must observe the rules of the Central Midwives Board as to sending for doctor, and have everything ready for him to deliver the woman, and be prepared for the occurrence of post-partum hæmorrhage.

(d) *Secondary Uterine Inertia*.—In this case the contractions may have been of normal strength from the commencement of labour, but gradually diminish in strength as labour proceeds, and the patient becomes exhausted. The condition often arises from the same causes as primary, or from any factor which obstructs the progress of the fœtus and gives the uterus more work to do, such as distended bladder or loaded rectum, large foetal head, pendulous abdomen, rigid soft parts, weakness or collapse of the patient.

In the first two cases secure relief of the conditions above described, with due regard to sepsis; in the case of large foetal head, send for doctor. To rectify obliquity in the case of pendulous abdomen, bring into position, and keep there by means of a tight binder. Encourage the patient to sleep, and in case of a collapse deal with this condition and summon medical help. In any case of primary uterine inertia, if after sleep the child is not born soon, send for the medical officer, and have all ready for his use, as he will probably have to deliver the woman at once. Always be prepared for hæmorrhage and collapse.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss S. Simpson, Miss Nora Conboy, Miss E. James, Miss M. Robinson, Miss P. Matthews.

Miss Simpson writes :—Secondary uterine inertia is exhaustion of the uterus. The pains which at the beginning of labour were normal in strength and rhythm, gradually decrease in frequency and effectiveness, and the labour comes to a standstill. The patient's general condition is tired, but otherwise good. The only treatment in the first and second stages is rest. The midwife should try to discover if there is any condition likely to cause obstruction. The exhaustion of the uterus may be due to the ineffectual attempts to overcome this. If the conditions are normal, after rest the pains return and effect delivery. If the patient is delivered when there is secondary uterine inertia, post-partum hæmorrhage is inevitable. In secondary uterine inertia in the third stage of labour there is delay and grave danger of hæmorrhage; the uterus must be stimulated, and a dose of ergot may be given. A hot antiseptic douche, 118° F., should be in readiness. It is important to see that the bladder is not distended.

QUESTION FOR NEXT WEEK.

Describe in detail the methods for the nursing of a severe case of delirium tremens.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals :—

Dane John Hosp., Canterbury.—Miss E. D. Dixon.

Hosp. for Officers, Berkhamstead.—Mrs. E. T. Barclay.

Hosp. for Officers, 16, Bruton Street.—Mrs. A. L. S. Lovell.

Red Cross Hosp., Wilmslow, Cheshire.—Miss M. M. Knox.

The Highlands Hosp., Shortheath, Farnham.—Miss J. Costard.

Broadwater Hosp., Ipswich.—Miss C. Geoghan.

Aux. Home Hosp., Calverley, Tarporley, Cheshire.—Miss M. M. Winthrop.

Red Cross Hosp., Henley-on-Thames.—Miss M. M. Doyle, Mrs. G. Miller.

Red Cross Hosp., Gae Road, Southampton.—Miss M. Turtle.

Swanton House, Melton Constable.—Miss L. E. Hopcroft.

Longleat Mil. Hosp., Warminster.—Miss M. Brown.

V.A.D. Hosp., Filey, Yorkshire.—Miss E. A. Hextall.

V.A.D. Hosp., Higham, near Rochester.—Miss E. M. Johnson.

Vickers Hosp., Dartford, Kent.—Miss L. Bunce.

Hillfield V.A.D. Hosp., Gloucester.—Miss A. M. Briggs.

V.A.D. Hosp., West Briggford, Notts.—Miss A. R. Greig.

Inniscarra, Reading.—Miss K. M. Thomas.

V.A.D. Hosp., New Court, Cheltenham.—Miss M. Crocker.

V.A.D. Hosp., Burnham-on-Couch.—Miss B. Calders.

Hi Hesp. Hosp., Warrington.—Miss M. E. Leatherdale.

Rhydd Court V.A.D. Hosp., Hanley Castle, Worcester.—Mrs. M. E. Glen-Clarke.

Red Cross Hosp., New Malden.—Miss I. Smith.

Minley Mil. Hosp., Farnborough.—Miss F. E. McCormick.

Coombe Lodge, Great Warley.—Mrs. T. Brothie.

Mil. Hosp., Moorfield, Glossop.—Mrs. M. A. Humphries.

Eliock Aux. Hosp., Sanguhar, Dumfriesshire.—Miss E. Cooke.

Red Cross Hosp., Highfield Hall, Southampton.—Miss H. Fisher.

Aux. Hosp., Nethercourt, Ramsgate.—Miss C. Addison.

Aux. Mil. Hosp., Garden Suburb, Golders Green.—Mrs. G. Ainsworth.

St. John's Hosp., Abbots Barton, Canterbury.—Miss M. T. O'Neill.

V.A.D. Hosp., Massandra, Weymouth.—Miss S. E. Hutton.

ABROAD.

Calais.—Miss L. F. Lovejoy.

NURSING AND THE WAR.

THE ROYAL RED CROSS.

The following Sisters had the honour of being received by the King at Buckingham Palace, when His Majesty decorated them with the Royal Red Cross (second class) on Saturday last.

Mrs. Stevenson, Sister, Queen Alexandra's Imperial Military Nursing Service.

Miss Elsie Evans, Sister, Queen Alexandra's Imperial Military Nursing Service.

Our illustration shows Sister Stevenson, with her Royal Red Cross, showing the decoration to a friend on leaving Buckingham Palace.

A carved oak reredos and a brass tablet are to be erected in Holy Trinity Church, Heigham, Norfolk, in memory of the martyred nurse Edith Cavell, whose family were connected with that church.

The following staff have left England to work for the Serbian Relief Fund:—

On April 28th, for the S.R.F. Hospital, in Corfu: Dr. W. E. Haigh, Surgeon; Miss Skertchley, Trained Nurse.

On May 4th, for a hospital in Bastia, Corsica: Miss Bunyan, Trained Nurse; Miss Bourne, Nurse Orderly.

On May 8th, for the S.R.F. Hospital, in Corfu: Miss Atkinson, Miss Caldwell, Miss Llyn Jones, Miss Mann, Miss McGregor, Trained Nurses.

A party of nurses from the Third Northern General Hospital left Sheffield for Southampton on May 15th. They are to staff a Welsh Hospital in the East under Colonel Sheen. Miss A. L. Earle, who has been Matron at the Third Northern Hospital, Ecclesall Road, ever since the war started, is going as Matron of the new hospital, with Miss Connell, a sister of Colonel Connell, as Assistant Matron, and Sisters Bertha Brown, C. Brown, Brook, Bevington, Charles, Fieldhouse, Forbes, Hunstone, Mackintosh, Peach, Proudlove, Swift, Tait, and Widdowson. Six of these ladies,

Misses B. Brown, C. Brown, Hunstone, Peach, Proudlove, and Widdowson, were trained at Sheffield Royal Hospital. Misses Hunstone and Peach, who were on reserve in Sheffield, have been in Birmingham several months. Miss Bertha Brown was called from Sheffield to serve on a hospital ship, and afterwards moved to Leicester.

Miss Earle is being succeeded at the Base Hospital by Miss A. Stevenson, a Derbyshire lady, who was trained in the Sheffield Royal Hospital. Five years ago she went to the Hartlepool Hospital, where she was Matron at the time of the bombardment in December, 1914.

Sister E. de Merrall is the only Danish member of the Canadian Army Medical Corps. Having been trained as a nurse and masseuse in Denmark, she went to Canada and built her own hospital for nerve cases, which she ran with marked success for five years. At the outbreak of war she sold her interest in the institution, and now helps to deal with over one hundred war patients a week.

Several months ago a wounded sergeant was brought to a military hospital in Paris. He was frightfully disfigured on one side of the face and had lost one eye. He was attended by a Nurse Roustan, who never allowed him to see or learn of his disfigurement until he was cured a week ago.

Recently the sergeant and nurse were married in a Paris church. Sergeant Antoine, the bridegroom, wears the Military Medal and Military Cross.

The Australian Trained Nurses' Association has contributed upwards of £800 to the National Fund for the Belgians. This is a splendid record of generosity.

The 4th Southern General Hospital, Plymouth, has just issued a *Gazette*, and in this first issue appear admirable portraits of "The Administrator," Lieut.-Col. H. H. Webber, M.D., M.S., R.A.M.C., and of the Principal Matron, Miss E. Smale, who has been Matron of the Royal Devon and Exeter Hospital for the past fourteen years,



SISTER STEVENSON.
WHO WAS DECORATED LAST SATURDAY BY THE KING
WITH THE ROYAL RED CROSS.

and to whom the *Gazette* states that "we are indebted, not only for her wise counsel since mobilisation, but for the excellent staff of nurses she has provided for the unit." As it should be there are some amusing skits and stories in the *Gazette*. Poor 'Opkins!—the Orderly was a sad substitute for the Chaplain, and the temperament of the Sister in the following story would be admirably suited for service very close to the firing line—bombs, bullets, shrapnel, and gas would, we imagine, find her unperturbed.

"Salisbury Road, Ward 3.—Timid Patient: 'Sister, is it absolutely necessary for me to have an operation?' Sister: 'No, but it's customary'!"

Miss Tait McKay, the Matron, has evidently a very interesting and useful charge, and her good work has recently received recognition by the award of the R.R.C.

It was mentioned by Sir Richard Owen, at the annual meeting of the Paddington Green Children's Hospital, that members of the Overseas Club War Relief Needlework Guild, at Berkeley, California, gave a performance and sent the proceeds (£42) to be devoted to the naming of a cot in the hospital "In memory of that splendid countrywoman of ours, Nurse Edith Cavell."

The National Union of Trained Nurses has now a great many representatives in Russia, as all the nurses for the N.U.W.S.S. Refugee Units are members of the Union.

The work began with the opening of a Maternity Hospital in Petrograd, but has rapidly developed. A Children's Convalescent Home is to be opened at Souida, near Petrograd, where Miss Hutchinson will be in charge. An ambulance is being opened in Galicia for the infectious cases, with Miss Roberts as Matron; a Fever Hospital and Children's Hospital in Kazan, on the banks of the Volga, with Miss Percival as Matron, and it is hoped that other hospitals in the province of Kazan under the Zemstvo or County Association may be opened before long.

The National Union of Trained Nurses has also been approached with regard to the introduction of the English system of nursing into a hospital in Moscow. Nothing has been definitely settled, but the Union is hoping to send a unit out later on this important national work.

CARE OF THE WOUNDED.

A carpentering department has now been added at the British Red Cross working centre in Portman Square, and voluntary workers desirous of assisting in that department or in the bandage, slipper, swab, linen, needlework or knitting rooms, are invited to call at 29, Portman Square. Splendid consignments of hospital stores and clothing are constantly being sent abroad.

Owing to constant breakages of china in the ordinary household, thus rendering incomplete dinner services and tea services, many housewives must have in their possession odd pieces of china for which they have no further use, and which they will be glad to get rid of. They may be interested to know that any odd cups, saucers,

vegetable dishes, table glasses, &c., will be welcomed as contributions to the great War Fair, due at the Caledonian Market, N., on June 6th and 7th, in aid of the funds of the Wounded Allies Relief Committee, of Sardinia House, Kingsway, W.C., particulars of which will be gladly sent to any applicant writing for the same to the above address.

An anonymous donor has acquired Erskine House for the purposes of carrying on the Princess Louise Scottish Hospital for Limbless Sailors and Soldiers, and at a meeting at Glasgow the house and grounds were offered to, and accepted by the

Committee of the Hospital. It is a splendid gift, and we are glad to see that the Lord Provost has received additional subscriptions amounting to £637 19s. 10d. towards the funds of the hospital. It makes the heart ache to see everywhere splendid young men without legs and arms, and otherwise mutilated, and it is the duty of every citizen for whom they have suffered such irreparable loss, to make the lives of these men, handicapped for wage earning, as happy and comfortable as possible.

Captain Frederic G. A. Arkwright, 11th Hussars and R.F.C., killed near Glamis Castle last autumn during a flight, left £50 to Miss Morgan, nurse at the Cottage Hospital, Ashbourne, "when I was ill there in 1912."



MISS E. SMALE.
PRINCIPAL MATRON 4th SOUTHERN GENERAL
HOSPITAL, PLYMOUTH.

FRENCH FLAG NURSING CORPS.

The British Branch of the Croix Rouge Française has most generously agreed to help the Committee of the F.F.N.C. by augmenting the salaries paid to the Sisters by the French Government, who have been on the staff for upwards of a year. The additional salary of £1 a month will make good the loss on the high exchange on French money, and will be found very useful, we have no doubt, as everything is now so costly in France.

Madame de la Panouse, who is President of both the British Branch of the Croix Rouge Française and of the French Flag Nursing Corps, takes a warm interest in the welfare of the Sisters as well as of the patients they nurse.

A few weeks ago we notified that Miss McMurrich, now working at Rousbrugge, in the hospital given by Mrs. Borden Turner to the French Government, would be pleased to receive hospital supplies and comforts for the sick, and remarked, "Canada, please note." In response, two most splendid consignments have just arrived from Toronto: from Mrs. A. Redpath McMurrich, three large boxes and two packages; and from Miss Eleanor Douglas, four large boxes and seven bales—two vans full of gifts. These have been kindly taken in by the Croix Rouge Française, 9, Knightsbridge, London, W. (to which address consignments from abroad for F.F.N.C. Sisters should be addressed), and forwarded to France, where their contents should help to supply many requirements. We are, indeed, grateful for this speedy and generous response to our appeal.

A Sister writes: "I am sending you a letter I have received from my *fillet*, who is at present at Salonica. I read in the JOURNAL about the soldier at Evreux who was so kind to the kitten, so I thought this man's action would also interest you."

Very Dear Demoiselle,—I send in my letter my portrait, which I hope will please you. I have a lamb in my arms. I must tell you that I found it young, dying of hunger on the edge of a little ravine. Without doubt it had lost its mother, and, dear demoiselle, it pained me to see it suffer, and I took it up and have cared for it with the

best of the little I have. You will ask me how I managed to save it. Well, dear demoiselle, I obtained a little bottle. I bought a box of condensed milk, I put a teat of white linen at the end of the bottle, in which I pierced a hole. I opened his mouth and he sucked as an infant at the breast of his mother. Now he is saved, and I may tell you that he follows me as a child follows its mother and sleeps with me in my shepherd's hut, and thus you see, dear lady, how good the men of the North are, for they will not see a beast suffer.

I close my letter by clasping your hand from afar.

CAMILLE VANDEVYNKEL.

We love to hear of kindness to animals, and soldiers of all nations appear to lavish deep affection on their regimental pets. Sister is to be congratulated on her *fillet*.



CAMILLE VANDEVYNKEL AND HIS PET LAMB.

The *Corinthian* from Montreal came to dock at Tilbury on Monday evening and thus brought safely to London the Second Canadian Unit of six highly trained nurses for service with the French Flag Nursing Corps in France. Miss Sarah Cannon, Graduate of St. Luke's Hospital, New York, was in charge of the little party, and is the only one of them who has been in England before. Miss Ferne Crysler, Miss Florence Irwin, Miss Ruth M. Craig, Miss Anna E. Gardiner, and Miss Sadie Jackson, are all from the Province of Ontario. Miss Kerr-Lawson is kindly entertaining three of the unit at Queen Mary's Hostel, where strangers are

made so much at home, and if all the formalities in connection with passports, certificates, and uniform can be arranged, it is hoped the Sisters will go over to France next Tuesday. Miss Gladys K. S. Robson, cert. St. Bartholomew's Hospital, who has been elected a member of the Corps, will travel at the same time.

Sister Eleanor Turnell acknowledges the thermometers sent to her at Fismes. She writes:—"We are always so busy here, the days just fly along and you seem to lose count of time altogether. I still find the work here most interesting." Under the wise rule of Sister Mitchell the work of the first Scottish unit at Fismes, to which Sister Turnell is attached, has been one of the most satisfactory bits of work done by the F.F.N.C., of which the Committee is justly proud.

CONSTITUTIONAL GOVERNMENT FOR THE NURSING PROFESSION.

CARLISLE: SOMETHING ABOUT ITS CATHEDRAL AND INFIRMARY.

The ancient city of Carlisle (Caer Luel) is probably better known in these busy commercial times as an important railway centre—the junction between the North and the South—but to the casual wayfarer, who has time and inclination to tarry awhile and prowl about, it is exceedingly quaint and interesting, while to the historian and to the antiquarian it is a happy hunting ground. Originally a Roman station,

stabled his horses within its venerable walls, as he did in Worcester Cathedral and probably in others. When founded it was a Priory Church, and the Norman nave remains to mark that period. Then Henry I founded and endowed a Priory of Augustinian Canons known as the "Black Canons." As we wander out of the south door into the sunshine of a bright May day, we find ourselves amidst the ruins of the Priory buildings; and where a sturdy ash tree—which carries its 120 years well—now stands, there stood "*the Hospital*." In ancient times it was the Church that cared for the sick, and the seed, therefore, of hospital growth was planted by the Church. It is a thought we like to cherish,



THE CUMBERLAND INFIRMARY. CARLISLE.

near the Roman Wall, it afterwards became an important border town, to which the characteristic "lanes" which pierce the blocks of old buildings in the Market Place bear witness, where many a bloody conflict must have taken place between the contending forces of English, Scots and Danes.

To pass through the city without visiting the Cathedral—one of the most ancient in the country—would be an unforgivable sin!

The massive Norman architecture of the nave is the oldest and finest part of this small but beautiful "Cathedral Church of the Holy and Undivided Trinity," dating back to the twelfth century. It has been partly destroyed by fire more than once, and still bears marks of its vicissitudes. In the Parliamentary wars, Cromwell

for the duty is essentially a sacred one. In the Rule of St. Benedict we find, "Before all things, and above all things, care must be taken of the sick." How the hearts of those early devoted nurses—male and female—would have rejoiced to see the successor of their crude and primitive hospital—the spacious and beautiful building represented by the accompanying photograph, namely the Cumberland Infirmary, Carlisle. It stands a short distance from the site of its ancient predecessor, and a little out of the city, on high ground. It is worthy of its purpose, and is beautifully situated in its own grounds, overlooking a fine avenue of trees, whose shadows lie fretted out on the green sward.

The Matron, Miss Sylvia Parker, is a keen supporter of the cause of State Registration of

Trained Nurses, besides being a member of the Matrons' Council of Great Britain and Ireland. A kind invitation to lecture to her nurses on this all-important subject, and to spend the night, was gladly accepted by Miss Beatrice Kent, for the evening of the 17th inst. In the handsome recreation hall of the almost new Nurses' Home the meeting took place. Besides a good gathering of nurses, the following ladies were present: Miss March, County Superintendent of District Nurses; Miss Graham, District Superintendent; Miss Glass, Matron of the Fever Hospital; Miss Birdman, Matron of Strathclyde House; Mrs. James Carr, Mrs. Benwen, and Miss Lord, from the Blencathra Sanatorium, Threlkeld, near Penrith, several miles away. Miss Parker occupied the chair, and in introducing the speaker, she told the audience in no uncertain terms of her great interest and belief in the cause of legal status for nurses. As it is, for obvious reasons, not possible to speak of State Registration or legal status without also speaking of the College of Nursing, Ltd., established on a voluntary basis, the lecturer gave a brief explanation of that also. It was a pleasure and a privilege—as she assured her audience—to address them upon a matter of such vital importance as the *professional organization* of nursing. She carefully emphasized this point, in contradistinction to lay control. With a few kind words from the chair, the meeting terminated. Several applied for membership of the Society for State Registration.

The Hospital is one of those interesting combinations of the old and the new, that is to say structurally; it goes without saying that treatment, training and equipment are modern and efficient. The children's ward, with its pretty decoration of blue tiles representing nursery rhymes, running all round the walls, is very fascinating to adults, what must it be to the little ones who occupy it?

We think it would serve a good purpose if those interested in organizing military hospitals would visit the hospitals where our wounded are nursed. They would see the "splendid work of the women," of which we hear so much, as it is shown in skilled nursing by *fully trained women*, under the supervision of an experienced trained nurse and organizer—the Matron.

LET US HOPE SO TOO.

Miss L. L. Dock remarks in the *American Journal of Nursing*: "Thanks to the active, prompt work of organized nurses in Great Britain, the question of registration on a sound basis is to be threshed out at a co-ordinated meeting, where all those of many views will meet. Let us hope it will be settled honourably. It would be too black a piece of ingratitude if the English public at this moment should deal the trained, professional, organized nurses of their country a stab in the back."

A LEAFLET FOR THE INFORMATION OF THE NURSING PROFESSION.

So many matrons and nurses have applied to the Society for the State Registration of Trained Nurses for a Leaflet stating in the simplest language just what the Nurses' Registration Bill is, and what it proposes to do, that the following explanation has been drafted, and can be procured, free of cost, from the Hon. Secretary of the Society at 431, Oxford Street, London, W. We hope Matrons and Superintendents will order copies, and be good enough to place them on the Hospital Notice Board, and distribute them amongst the members of the nursing staff.

A BILL FOR THE STATE REGISTRATION OF TRAINED NURSES.

WHAT IS IT?

WHAT DOES IT PROPOSE TO DO?

- (A) A Bill in this sense means a Paper containing a Statement of particulars to go before Parliament, and to be passed into law.
- (B) The Bill stands for the professional liberty of Trained Nurses. In other words, it is a Charter of Liberty. We might put it into Latin and call it the Magna Charta, or great Charter of the Profession of Nursing.
- (C) A Charter is an instrument in writing from the Sovereign Power of the State or Country, guaranteeing rights and privileges.
This is what the Bill for State Registration of Trained Nurses—or Charter—will do for us.
- (D) The Bill is a Charter of Liberty, because :—
It provides for a Council of Management—the General Nursing Council—on to which all Registered Nurses will have power to elect direct representatives.
In other words, Registered Nurses will have effective representation on their Governing Body. This is called *democratic Government*. The word democratic comes from the Greek word *demos*, meaning the people. It is the only right and fair form of Government for a Profession as for a Country. This is what is meant by the liberty or freedom of the Nursing Profession.
- (E) There is also a higher significance to the word *freedom*. It has a spiritual aspect. Freedom means *opportunity*. When we nurses obtain our professional freedom through State Registration, we shall have great opportunities for enlarging our sphere of usefulness to the sick, and to the community, which we do not now possess.
- (F) This Bill has been before the House of Commons for the past 12 years. It is strongly supported by Members of both Houses of Parliament, by the Medical Profession and by the Nursing Profession.* Moreover it has

been pronounced by the Committee to be an excellent Bill."

- (c) State Registration will confer great dignity upon the Profession of Nursing, and an honourable distinction upon each nurse who qualifies to become a "Registered Nurse."
- (H) When a Nurse receives the title of "Registered Nurse" under an Act of Parliament she receives a protected title. American Nurses and the Nurses in our Colonies who are registered are proud to write their legal title after their names, and so shall we be. We have seen that the College of Nursing, Ltd., expressly declares in its Constitution that no titles or diplomas will be given. Which will you choose? Voluntary Registration with no advantage, or State Registration and a protected title?
- (I) State Registration will secure other professional advantages. Through reciprocity provided in Nurses' Registration Acts, Registered Nurses will be free to work without further examinations throughout the British Empire.

WHAT IS THE NURSES' REGISTRATION BILL GOING TO DO FOR NURSES?

Some of the Provisions in Brief.

- 1. It will give legal status to Trained Nurses.
- 2. It will define a uniform curriculum (or course of training) during—
- 3. A three years' hospital training completed by—
- 4. A central examination.

The above are the four cardinal points or principles of the Bill.

- 5. It will safeguard the Sick against untrained Nurses posing as trained Nurses.
- 6. It will safeguard trained Nurses against unfair competition with untrained Nurses.
- 7. It will give a guarantee to the Public, that a Registered Nurse is a person who has had a professional training, and passed a State Examination, which qualifies her to nurse the Sick. The examination will not be too difficult for any nurse to pass because she will, during training, have been systematically prepared for it. Nurses already trained and certificated, will not be required to pass the State Examination during the three years' term of grace after the Act comes into force, unless they wish to do so.
- 8. State Registration is a great Cause and the Bill is a great Charter. To be worthy to participate in its benefits, it is the duty of every Nurse to take part in getting it passed into law.
- 9. Nurses can help in four ways, namely :
 - (A) They can become members of the Society for the State Registration of Trained Nurses, support its policy, and obtain financial support for its work.
 - (B) They can subscribe regularly to the *British Journal of Nursing*, which is the only weekly organ which supports

State Registration. It is a Professional Journal controlled by trained nurses, and promotes their best interests.

- (c) They can try to interest other Nurses in the Cause of State Registration.
- (D) They can try to secure the active interest of the medical profession and Members of Parliament in support of the Bill.

NATIONAL ORGANISATION OF NURSES.

By A MEMBER OF THE N.U.T.N.

Wake up, England! and, above all, wake up, Nurses! The precious moments are slipping by so fast that the urgent work of re-organising the nursing profession will be undertaken by lay people if the nurses have not got enough initiative and endurance to do it for themselves. What is wanted is a national union of trained nurses. There is a National Union of Trained Nurses. It is truly *national*, because it is an organisation which every nurse in the nation could join, being a broad-minded and democratic body without fear or favour, knowing neither party nor creed, standing for nothing less than the very highest ideals of which the profession is capable. It is a *Union*, because alone we can do nothing; together, there is nothing so high that we cannot aspire to it. It is a union of *Trained Nurses*, because we believe most emphatically that the dignity of our profession demands self-government. The National Union of Trained Nurses is the youngest of the organised societies of trained nurses, but differs from the others by the provision of local branches which all classes and ranks of nurses can join. At first (like any other normal healthy baby) it rather felt its way, holding on to supports, making many mistakes and profiting by sad experience. Then the child began to grow up, to stand on its own feet, to formulate a policy. It declared at the Council Meeting, in 1914, and re-iterated at the Council of 1915, that the governance of the Union is in the hands of the full member (*i.e.*, the fully trained nurse). The referendum taken in June, 1915, on State Registration showed an overwhelming proportion of votes in favour of it. Now the Union shows signs of reaching maturity. At the Council Meeting held on April 27th, 1916, five representatives were appointed on to the Central Committee for State Registration, and the following principles were laid down as the objects for which the representatives would work:—

(1) State Registration of Trained Nurses and the protected title of "registered nurse." (2) An elected governing body. (3) One central examination.

The Union hopes to do great things, but it is at present a small society numbering little over 2,000 members. There are visions before it of wide fields of activity in the development and progress of the nursing profession—if *only* all the nurses who share these aspirations would join it. "United we stand, divided we fall."

REFUGEES IN RUSSIA.

In connection with the Bath branch of the National Union of Trained Nurses, an interesting lecture on "The Refugees in Russia" was recently given by Miss Violetta Thompson at the Abbey Church House. Dr. Edith Martin presided.

Miss Thurstan said during the great retreat the first care was the safety of the Army. The first trains were, therefore, taken up by men, munitions, and horses, the next were for the wounded, then, if any were left, they were for the refugees. The first people to get those were the rich people who could afford to pay, and last of all were those dazed and terrified people who had nothing at all with them. Very often they were weeks on the journey; trains arriving at Moscow were seven, eight, or even nine weeks on the way. The trains were often shunted on to sidings for want of fuel, and often no food was obtainable. Some of the people ate perhaps only three times a week. When the trains started they were as full as they could possibly hold, but at every station there were women and children waiting. Even those who were dying had no room to lie down. One man who helped to clear the carriages at Kieff told her he had taken out no less than forty dead bodies of people who had died of cholera on the way. Though the sufferings of the railway passengers were bad, they were nothing to those of the people who had to walk. The latter were even months before they arrived at their final destinations. Fortunately, at the beginning of the great flight the weather was warm. The first great difficulty was the feeding of the refugees. Already the big towns were very much over-full, and they could not go into the houses as nearly everybody lived in flats, and consequently people had no spare room. Owing to her vast army, Russia had to keep a million beds going for the wounded, and these had to be crowded into the large towns. In the interior there were an enormous number of prisoners, too. Feeding stations were set up at the railway stations for the refugees. Turning to the housing problem, the lecturer said that in the summer tents were put up everywhere, but later the people were housed in large sheds, doss houses, etc., where they were crowded together. But worst of all were the tenement houses. When she (Miss Thurstan) was in Petrograd she was at the Embassy, where every week clothes were distributed to the refugees. While she was there a most beautiful bundle arrived, strangely enough, which she had helped to do up herself. The bundle contained the garments sent out by the Bath branch of the N.U.T.N., which had been sent off some months ago, but had been delayed. The gifts were very much appreciated.

The lecturer was heartily thanked at the close.

"The People Who Run," Miss Thurstan's new book on Russian refugees, should make its appearance this week. It is a book to read.

THE NURSES' MISSIONARY LEAGUE.

THE GLORY OF THE IMPOSSIBLE.

(Concluded from p. 448.)

The evening session of the Annual Meetings on May 16th began with the adoption of the annual report, proposed by the Chairman, Major W. McAdam Eccles, R.A.M.C. (T.). Miss Ruth Massey, M.B., Ch.B., then spoke on "The Glory of the Impossible." She said that much of a medical missionary's work is very commonplace and very sordid, but time after time at Wuchang in China they had seen wonderful results. She gave two instances, one an old woman, utterly poor, chronic, ungracious, unloving, the other a beggar girl, more wild animal than child, partly blind, deaf and dumb. Both had seemed "impossible," yet gradually they had changed, and one had become the loved and revered "Grannie" of the hospital and the other a useful member of the staff as assistant washerwoman. After speaking of the exceedingly septic nature of many of the cases brought in, Dr. Massey spoke of her Chinese nurses. She had had no European nurse to train them, and there had been many difficulties. The girls had little idea of discipline or punctuality, and were very noisy, shouting from end to end of hospital. Gradually, however, work among them told, and one was now an absolutely reliable and dependable nurse, able to prepare for any operation, and even giving anaesthetics. In closing, Miss Massey spoke of the great need of the steady, uplifting influence of the European nurse and pleaded for more workers. The closing devotional address was given by the Rev. J. Steele, D.D., from the text, "She hath done what she could."

THE ASYLUM WORKERS' ASSOCIATION.

The Annual Meeting of the Asylum Workers' Association was held on May 17th, at the Medical Society's Rooms, 11, Chandos Street, W. The meeting was presided over by the President, Sir John Jardine, Bart., K.C.I.E., M.P., LL.D.

In his opening remarks the President stated that out of a comparatively small population in May last 2,000 asylum attendants had joined the colours, and many more had followed their example since then. Naturally fewer nurses than male officers had taken up war work, but a good many had done so, and many more had accommodated themselves to circumstances and responded to increased work promptly and well.

Lieut.-Col. Thompson said he considered it deplorable that the Executive had been obliged to limit their periodical to a quarterly issue. He was not quite satisfied with the membership, and thought that with more local enterprise it might be much improved. All classes of asylum workers were welcomed.

Mr. Goodrich, President of the L.C.C. Asylum Board, said he was much in favour of improving

the status of the nurses. It is expected that more measures would be taken to give them longer holidays and shorter hours. They needed more encouragement than any class of workers. Theirs was the hardest and most uncongenial work that could be, after three years' training. Those who passed the Medico-Psychological examination, which he believed grew stiffer every year, should have improved status. He suggested an increase of salary, and that the title of Sister should be conferred upon them. Nurses on the male side had been a great innovation, and he was glad to say had proved a great success.

Sir James Crichton Browne, F.R.S., said he could recall the time when the asylum nurses were regarded as of rather inferior order in the nursing hierarchy, and their sisters in the general hospitals were apt to look rather disdainfully at them, but they had during this crisis proved themselves their equals by their tact, insight, forbearance, and their especial value in the nursing of nervous cases. The speaker went on to compare the vaunted superiority of German methods of dealing with the insane with those that prevailed in our own asylums, and declared that while students had formerly flocked to their universities we had nothing to learn from them. Long after brutal methods had been discarded in England they were practised in Germany. In former years, when visiting their asylums for the insane, he could not help being struck with the difference in atmosphere, one being characterised by a hard severity and coarseness, the other by urbanity and kindness. He had turned from their psychological works in disgust and thanked God that in the future we should have a home-grown psychology marked by clearness and common sense.

Dr. G. E. Shuttleworth advocated a pension for nurses after twenty-five years' service. Asylum workers worked behind a high wall, and their kind, able, self-sacrificing labours were not sufficiently known. When the happy times of peace arrived the Board of Control would open many new institutions for mental defectives. It was hoped that the nurses for this branch would be well equipped. The Board of Control intended after six months' service to investigate the qualifications they possessed and to help them to get on.

Out of the twelve medallists for long service only one, Miss E. A. Grover (Colney Hatch Asylum) was able to be present to receive her medal. Great pressure of additional work prevented many members from being present.

The following is the list of awards:—

GOLD MEDALS.

Mr. J. Ower, of East Riding Asylum, Beverley with 43 years and 4 months' service.

Miss E. G. Miles, of Hants County Asylum, with 29 years and 8 months' service.

SILVER MEDALS.

Mr. J. H. Hodges, of Brislington House, with 38 years and 10 months' service.

Mr. A. A. Mingay, of Colney Hatch Asylum, with 29 years and 7 months' service.

BRONZE MEDALS.

Mr. C. Rowbury, Whittingham Asylum; Mr. G. N. Farley, Grahamstown Asylum, South Africa; Mr. H. Ruler, Kent County Asylum, Maidstone; Mr. D. Davies and Mr. H. Jonas, North Wales Counties Asylum, Denbigh; Miss A. E. Theakston, East Riding Asylum, Beverley; Miss C. Parry, North Wales Counties Asylum, Denbigh; Miss E. A. Grover, Colney Hatch Asylum. All of whom have 25 years' service to their credit.

Tea and coffee were afterwards served in the library.

APPOINTMENTS.

SISTER.

Tredegar Park Cottage Hospital, Tredegar.

Mon. Miss Gertrude Thomas has been appointed Matron. She was trained at the Royal Gwent Hospital, Newport, Mon., and has been Night, Ward, and temporary Theatre Sister at Bolingbroke Hospital, Wandsworth Common, S.W., Assistant Matron at the General Hospital, Merthyr Tydfil, and Sister at the Research Hospital, Cambridge.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND ALLOCATIONS.

Miss Frances Bridgman is appointed to Shotley Bridge; Miss Beatrice Carr, to Consett (Medomley); Miss Charlotte Scarfe, to Sheerness, as Senior; Miss Mary Welch, to Woolwich.

WAR CROSS FOR THE QUEEN OF THE BELGIANS.

During his visit to the Belgian zone this week President Poincaré conferred the War Cross on the Queen of the Belgians as a token of the admiration of the French people for her heroic devotion.

HARD LABOUR FOR NURSEMAID FOR WEARING RED CROSS NURSE'S UNIFORM.

As we go to press we learn that Edith Ethel Noales, 24, nursemaid, was sentenced on Tuesday at the Woolwich Police Court, to one month's hard labour for wearing the uniform of a British Red Cross Nurse. We have not the report of the proceedings before us, but cannot but think that as every nursemaid is at liberty to wear the uniform of nurses attached to our best training schools, and that as domestic servants in the employment of members of the medical staffs of some of these institutions have for years been encouraged to wear trained nurses' uniform, and as thousands of snobs insist upon their nursemaids wearing it, the sentence on this unfortunate young woman is most severe.

We cannot believe that our humane King can, under the circumstances, approve of this drastic sentence of hard labour for a first offence.

THE STATE REGISTRATION CONFERENCE.

No report of the proceedings of the Conference between the representatives of the Central Committee for the State Registration of Trained Nurses and the College of Nursing, Ltd., held on the 19th inst., will be published during the deliberations.

We learn that in response to the invitation of the College of Nursing to Hospital Committees and Boards of Guardians, to appoint representatives on a Consultative Board—which is to express an opinion on the training and educational curriculum for the Nursing Profession, and the recognition of nursing schools—lay men and women are of course being nominated, in preference to the Matron whose opinion would be of real value on such details.

HEROIC IRISH NURSES.

At the monthly meeting of the Board of the Directors of the Royal City of Dublin Hospital the following resolution was passed unanimously:—

"That reviewing the terrible events of the past few weeks, when the resources of the hospital were taxed to the utmost in treating upwards of 200 casualties, the Directors desire to place on record their warm appreciation of the services of those who responded to the extraordinary and unforeseen calls made upon their skill and energy, especially the members of the medical, surgical, and nursing staffs, who proved their efficiency under very trying circumstances, as they were working often under fire, and always at considerable personal risk."

"Whilst particularly emphasising the exceptional services rendered by the Lady Superintendent (Miss E. A. Eddison), the Board also desire to mention Sisters Hill, Richardson, Lloyd, Kennedy, Hackett, Downing, both the 'day' and the 'night' nurses, and the temporary probationers. All of these ladies quietly and conscientiously continued their work under conditions which were unprecedented in the history of the hospital."

The Managing Committee of the Adelaide Hospital have placed on record an expression of their sincere gratitude to the members of the staff and household for the courageous and efficient manner in which they attended to the interests and safety of the patients. The Committee sincerely thanked the Matron, Miss Hill, the sisters, the nurses, and all the staff of the hospital for their single-hearted devotion to duty during a time of great anxiety.

NURSING ECHOES.

The £2 10s. we needed last week to complete the £13 required for Nurse N. was generously sent by Miss Theo E. Terry, who writes:—"I am more sorry than I can say for her, and earnestly hope that much more than you ask for will come in." "Three sympathetic friends" from the Military Hospital, Endell Street, W.C., send 17s. 6d. We have also to thank Mrs. Hambledon, always so kind, for 10s.; "An Irish Nurse" and Miss J. H. Macdonald for 5s. each and their sympathetic letters. Also Miss E. M. Dickson for 2s. 6d., and promise for the future. Total, £15.

The money is sent to Nurse N. every fortnight, and, so long as it lasts, we shall forward an extra shilling a week (making the amount up to 6s. a week), with the sincere hope that it may do something to relieve the strain and anxiety which the lack of this world's goods has occasioned, and which so often impairs the health.

We hope the house-to-house collection in Sheffield for the Queen Victoria Nurses has met with great success. Miss Hancox, the Superintendent, says:—"Our work must go on, and we must have the money to carry it on. We are working just as hard as before the war; in fact, harder, because the hospitals can't take in the number of people that they could before the war broke out. Nine of my present staff are nursing among the soldiers; one is in Mesopotamia, two in Egypt, and three in France. Their posts are being kept open for them, and in the meantime their work is being done by temporary nurses. We are doing the best we can under very difficult circumstances; but it takes three new nurses to do the work of one well-trained district nurse."

Most people recognise how great is the claim of our soldiers in these days, and the work done among the wives and children of our men at the Front by the Queen's Nurses needs all the support which we are sure will be liberally given in Sheffield during the house-to-house collection. But Miss Hancox also says:—"Do ask our friends to continue to send old linen and children's garments. People used to send in such a lot, and now my cupboards are empty; yet we still go on nursing these poor women. We also have soldiers who are discharged under our care."

The Kingston Infirmary Nurses' League *Journal* has a pretty *café au lait* cover, and the number which has just reached us has as frontispiece the Memorial Tablet to the late Sister McAllister, which has been erected in St. Agatha's Church, Kingston-on-Thames,

and on which is inscribed: "O Lord, Grant us pray for the soul of Catherine McAllister, killed in the Irish Mail Disaster, August 14th, 1915. Erected by the Staff of Kingston Infirmary and other Friends. R.I.P."

The tragic death of Sister McAllister, who was Assistant Matron at the Infirmary, is still keenly felt by her colleagues, by whom she was held in very sincere affection. Thirty-two members of the nursing staff are serving King and Country at home or abroad, and since June, 1915, the Infirmary has been used as an auxiliary to the Royal Herbert Hospital, Woolwich, and the County of London War Hospital, Epsom, and the patients have evidently a very good time.

Several members of the League have married, and little sons and daughters have added to their happiness.

The General Meeting takes place on the 24th May, Wednesday in this week.

THE MASSAGE REGISTER.

LONDON COUNTY COUNCIL DECISION CONTESTED.

At Bow Street Police Court last Saturday Mr. Graham Campbell again had before him a summons against the London County Council to show cause why they should not register a massage establishment kept by Mrs. Henrietta Louisa Mary Dale, trading in the name of Mrs. Wiseman, at the St. James's Electric and Light Baths, York Street, St. James's Square. The case was the first of its kind under the new Act.

It was stated that the Council refused registration last January on the ground that there was reason to believe that the premises were being used for immoral purposes. For the appellant it was urged that she was a certificated masseuse, and that the great majority of her patients were recommended to her by medical men.

Miss Gertrude Marsh, assistant manageress of the establishment, gave evidence that nothing improper was allowed to go on.

Miss Ellen Myer, a qualified masseuse, said that she had been engaged at this establishment for about two years. It was conducted on genuine lines, or she would not have stayed there.

Two nurses, who had been engaged by the appellant and left because of the conduct of some of the patients, gave evidence for the Council. One said that she left at the end of a week. When the witness spoke to the proprietress about a certain incident that had occurred in one of the bathrooms, she appeared to be quite indifferent. Another witness said that the nurses had nicknames for some of the regular patients, such as "Funny Socks," "Goaty Beard," and "£5 Man," so-called because he was in the habit of giving £5 "tips."

The case was adjourned for the magistrate to view the premises.

THE WEST END HOSPITAL.

WORK FOR WARRIORS AND CHILDREN.

The West End Hospital for Diseases of the Nervous System, Paralysis and Epilepsy, 73, Welbeck Street, W., is doing excellent work in a very small space; indeed, before the war, so urgent was the need for increased room that a rebuilding scheme on a larger area was under contemplation. That has now been postponed; nevertheless the hospital has placed 30 beds at the disposal of the War Office, for nerve cases, which it is exceptionally well fitted to care for, and yet has not cut down the accommodation for civilians, which is available to the same extent as before the war. It has, however, 40 beds in a house in Bulstrode Street, 20 for soldiers and 20 for children, in addition to the 42 in the hospital, 16 for men, 8 for women, and 14 for children, and 4 for paying women patients.

AN ATMOSPHERE OF HOPE.

The Children's Ward is a sad place if one considers that nearly all of the little patients are severely paralysed from the waist downwards. Yet there is little sadness on the surface; for all the children, from the pet of the ward who imperiously commanded the King, when he recently visited the hospital, to pick up a fallen toy, to the latest admission, seem happy enough; and when one considers that they are receiving the most skilled treatment and nursing care, and that excellent results are obtained in many instances, one realises that the atmosphere is one of hopefulness for the children, handicapped thus early in the battle of life.

Our illustration shows some of the children on the balcony, on which, as the summer comes on, those who are able spend their time in the open air.

THE HEROES.

In the entrance hall of the hospital are portraits in oils of Major-General Edward William De Lancy Lowe, C.B., a brave hero of Lucknow, one of the defenders of the Residency during that never-to-be-forgotten episode of the Indian Mutiny, and his widow, Mrs. Louisa Russell Lowe, who left to the hospital, as her residuary legatee, the sum of £35,000 in his memory, in 1908. It is said that the lady was married four times, and certainly she is lovely enough to charm the susceptible sex. She is depicted in a velvet dress and lace fichu gracefully draped with a mauve scarf; on her soft brown hair is a band of velvet, with a rose at the side, and she is wearing a pearl pendant.

On the opposite side of the hall is a memorial tablet to another friend of the hospital, Lieutenant-Colonel Sir W. Lennox Napier, Bart., Chairman of the hospital from 1901-1905, who was killed at the Dardanelles on August 13th, 1915, while acting Major in the 4th South Wales Borderers.

The present Chairman, who is a King's Messenger, and the majority of the medical staff are amongst those connected with

the hospital who are serving with His Majesty's Forces, while the Matron, Miss C. E. A. Thorpe, who served under the Belgian Red Cross in the early days of the war in 1914, has been decorated with the Royal Red Cross by His Majesty the King in connection with her work at Mons.

In the hall I met with the mother of one of the soldiers who had been admitted to the military ward on the previous day, communicative in her joy at seeing one of her two boys home from the front. "He can't speak yet, but it lifts a load from one's heart to see his dear face. You don't know whether you will ever see them again. Have you come to see anyone belonging to you?"

The men in the military ward seem cheery and happy. One who has been there since August had previously been a prisoner in Germany. "How did they treat you?" I asked. "It was

awful," replied the man. He is still confined to his bed, but is content and happy. Several of the patients were on the wide verandah at the end of the ward.

THE OUT-PATIENT DEPARTMENT.

In the outpatient department, to which I was escorted by the most courteous Secretary—Mr. D. D. Kirkaldy, B.A.—there was abundant evidence that it is extensively used. Indeed, the outpatient attendances have increased by ten per cent., viz., from 31,016 to 34,230, an attendance which shows how greatly the hospital is appreciated. The number of applications of massage and electrical treatment to out-patients was 14,245; and to in-patients, 10,446, being 3,150 more than in 1914.

THE CHAPEL.

Passing on from the outpatient department, one comes unexpectedly on the Chapel, used both as a mortuary chapel in case of need, and also by the nursing staff for daily prayers. The space is small, but every inch has been used to the best advantage, and one may travel far without finding so reverent and beautiful a chapel. The prevailing note is the deep blue one sees in the sky on a clear starlit night. Guarding the entrance to the sanctuary are two angels. Suspended in front of the altar is a large crystal cross; and in small recesses, at the level of the clerestory, are small

statues of saints. It would be difficult to imagine anything more harmonious or more calculated to inspire devotion.

THE COST OF DRUGS.

Everybody at the present day realises the increased cost of provisions, and household requisites, but the immense increase in the cost of many drugs is not so well appreciated. Thus, in 1913, the hospital paid £136 6s. 6d. for 13 cwt. 60 lbs. of Bromide Salts, and in 1915 £294 14s. 4d. for 12 cwt. 72 lbs. of the same drug. In 1913 70 lbs. of Salicylate of Soda cost £4 10s., while, in 1915, 35 lbs. cost £21 2s. 10d., and even this, owing to foresight in securing stocks, does not show the full rise. Bromide of Potassium, which before the war cost 1s. 6½d. per lb., has now been quoted at 27s. 6d., without any allowance of delivery,



WEST END HOSPITAL. CHILDREN'S BALCONY.

and 18s. has had to be paid for Sodium Bromide, which before the war cost 1s. 10d.

WELCOME HOSPITALITY.

The difficulty of accommodation for the nursing staff has had to be met owing to their home having been given up to accommodate invalided soldiers, but the committee is fortunate in its friends, for the necessity for taking and furnishing another house has been obviated by the hospitality extended to the nurses for many months by Lady Manners, Lady Portsmouth, Mrs. Gosling, and Lady Emily Digby; and other kind friends have in emergencies received nurses at almost a moment's notice.

THE SCHOOL OF MASSAGE.

Twenty students from other training schools have received practical instruction in the hospital and it is hoped in the near future to considerably enlarge the School of Massage and Electricity.

THE KITTY LEIGH CONVALESCENT HOME.

A valuable adjunct to the *Journal of the Children's Ward* is the "Kitty Leigh Convalescent Home," at Herne Bay, which has been equipped by Mrs. Helen Gerard Leigh, who has placed the six beds at the disposal of the hospital, with occasional exceptions.

M. B.

GENERAL AND PERSONAL HYGIENE.

"General and Personal Hygiene" was the subject of the lecture delivered on May 17th, at the London Day Training College, Southampton Row, under the auspices of the National League for Physical Education and Improvement.

The lecturer was Reginald E. Roper, Esq., M.D., County Medical Officer of Health for Shropshire. He said that this was a wide subject, and in his lecture he would deal only with personal cleanliness, clothing, food, exercise and sleep. All this, he said, must be placed on a physiological basis, otherwise their arguments would be easily upset and confused with those of the faddist. He regretted that the Public Health Department had not jurisdiction over children after school age.

Want of personal cleanliness resulted in a verminous condition. He referred to scabies now prevalent in the Army, and pointed out how it hindered its efficiency.

With regard to the head louse, he said there was an ignorant belief that it could originate in the head *de novo*; but this, of course, was impossible, as every living creature was produced from its like. Nits or eggs were laid on the hair and stuck thereto by a glutinous material. The life history of an egg was from one to five weeks, according to the temperature. This accounted for the belief that sick children were more susceptible to these creatures than others, but the fact was that the eggs were more quickly hatched in the warm temperature, consequent on being kept in bed.

Typhoid and dysentery were often the result of dirty, careless habits.

The reason why dysentery was so common in mental asylums was that it was impossible to teach the inmates rigid cleanliness in their personal habits.

Clothing.—The chief use of clothing was to prevent the temperature from becoming unduly lowered. The chief means by which it is lowered are cold, starvation and lack of clothing.

Bad feeding and bad clothing combined lower the health and resistance to disease.

A well-fed, healthy person required very little clothing indeed.

Some of the schools, in country districts especially, were insufficiently warmed, and it would be a better plan if the children walked to school without their coats and put them on while sitting still in the schoolroom.

The value of exercise was reduced if too much clothing were worn.

The danger of getting wet was caused by the evaporation of the moisture outside the clothing. If a dry overcoat were put over wet clothing, the danger was removed.

The benefit of open-air treatment lay in the skin stimulation caused by the constant current of air.

Food.—For most people, undoubtedly, a mixed diet was the best. He deprecated the habit of children eating between meals, and recommended that all liquids should be taken between meals. The eating of sweets he described as a pernicious habit.

Exercise.—Where perfectly normal conditions obtained, physical exercises were not necessary. While to the healthy exercise was very beneficial, it was of no value to the underfed.

The young child should have plenty of sleep; at five years old it needed twelve hours. The school child should not be allowed to employ the last hour before going to bed in mental work or violent exercise.

"L" BRAND LYSOL.

We have received from Lysol, Ltd., Crayford Mills, Warton Road, Stratford, E., a sample of their "L" Brand Lysol, a product in every respect equal to the former enemy-owned Lysol. A point to be noted in regard to this brand is that it is miscible in chloroform, alcohol and glycerine without becoming cloudy or turbid, and solutions of "L" Brand Lysol, therefore, merely require to be diluted with ordinary or distilled water. The purest Caustic Potash is used in its manufacture. It is important to take note of this point because in some brands put upon the market caustic soda is substituted for potash because of its comparative cheapness, which certainly affects the efficacy of the product, as the cresylic acid combines with the soda and forms a cresolate of soda possessing no antiseptic properties whatever.

Lastly, attention must be drawn to the fact that Lysol, Ltd., are prepared to pay £1,000 to any person who can prove that they have, or intend to have, any German interest in the Company. This is important, as patriotic nurses and midwives would not knowingly support a German firm, and yet Lysol is a prime favourite for use in district and other midwifery work.

COMING EVENTS.

May 25th.—League of St. John's House Nurses. General Meeting. 12, Queen Square, Bloomsbury, 3 p.m.

June 4th.—Leicester and Leicestershire Midwives Association Meeting at Loughborough, by invitation of Nurse Warren. Address on "Serving Women" by Miss G. A. Rogers.

June 8th.—Society State Registration of Trained Nurses: Annual Meeting, West Lecture Hall, Royal Society of Medicine, 1, Wimpole Street, London, W. 4 p.m.

AUNT SARAH AND THE WAR.*

The publication of "Who Goes There?" by the author of "Aunt Sarah and the War" reminds us that reference has not yet been made in this JOURNAL to "Aunt Sarah," and as only those who know her can fully enter into the later volume we hasten to repair the omission.

"Aunt Sarah and the War" is "A Tale of Transformations" told in a series of letters from Mrs. Neldon-Weldon, of 60, Grosvenor Square, to her nephew, Captain Owen Tudor, at the Front, and also from Miss Pauline Vandeleur, his cousin, and betrothed. The last is to be gathered from internal evidence rather than from any statement of fact, for, as Pauline herself writes in a postscript: "Aunt Sarah said to me yesterday, as if rather aggrieved, that young people are so secretive now, she never can make out whether you and I are really engaged. I said, 'My dear Aunt, you are very like ourselves in that particular.' Then she said, rather mysteriously, that if there wasn't enough money, that was a difficulty that could be at once removed, and we could marry as soon as the War is over! I turned it off by saying that you could think of nothing now but your engagement—at Ypres."

Aunt Sarah's first letter to her nephew, dated August, 1914, relates, "A great trouble has come upon me, and I feel I must tell it out to some one, and that's you, knowing of old your always sympathetic ear. . . . Yesterday afternoon, when Henry came to clear away the tea things (you remember the second footman with the slight squint?) he seemed very nervous and jumpy, and spilt Belinda's milk on the rug that was the apple of your poor uncle's eye.

"Well, I noticed Henry's clumsiness, and was telling him how inconsiderate he was, when he turned and said he had decided to go for a soldier and therefore respectfully tendered his notice! Of course, I promptly declined to accept it; for I own to you, my dear nephew, that he understands Belinda better than any of the rest. . . .

"Next day Henry had disappeared. I rang and rang, and then Elise came up and broke to me in very broken English that Henry, who had, it seems, a weakness for her, left her a note simply saying he was sorry to annoy his kind mistress (me!), but his country called to him and he had enlisted. . . . When he returns from the War, what will he do?—not darken these doors again—that is all I prophesy."

To which in due course Capt. Owen Tudor replied to his "afflicted Aunt," "Of course I'm very sorry you're disappointed and head-achey about Henry. But I must say I think he's a brick. It's just fine of him not to have been spoiled by the finicky fed-up atmosphere of dear greasy old Grosvenor Square. Well, he is 'fed up' with it in one sense I reckon, and no blame to him either! We want that sort badly.

We want all sorts, and we want them now, nobody dare say how much.' I suppose the Censor knows his business, but it seems a bit hard that English soldiers here are to suffer what English civilians at home may not even read."

Later Aunt Sarah writes: "My maid Elise's querness and her evident sympathy with Henry, when I lament his downfall, makes me sometimes suspect, Parisian as she is, she may be in the Kaiser's pay. . . . She rambles on that she would have married him but for that squint in his left eye I always rather liked. . . . Elise told him this the day he ran away. . . . Belinda has quite a distemper; but the Vet. sees her twice a day and is very hopeful."

Captain Tudor writes in reply: "You have so many worries of your own that I won't be so downright selfish as to tell you much more about ours out here. . . . But I won't waste words, and I won't ask after Belinda because I simply can't and keep what's left of my equilibrium. That vet. of hers could save scores of horses that I shoot here just to put them out of their pain. And the human wounded, left untended for hours! Heaven, that within a hundred miles or so, there should be thoughts and feelings and experiences 'a whole God's breadth apart'—'the breadth of death and life.'"

Next we have a letter from Miss Pauline Vandeleur to her "dear and dauntless defender." "Know it's from my heart I call you my dear defender—and against more than merely physical ills—and I feel you to be so, in every fibre of me. . . .

"But I really want to write to you about Aunt Sarah. It's a pity that Hawthorne's not alive to observe her in her own 'Transformation.' She really is a psychological study worthy of his steel (pen). When I first told her that I had to give up eight hours a day to my Red Cross studies, she said she supposed she was very Early Victorian, but she did not think that nursing was a very nice or even proper profession for girls. She was glad that poor dear Queen Victoria was not alive to see what women had become—partly perhaps by her injudicious patting on the back of Florence Nightingale, who ended, Aunt says, by hating women, and spitting at them all sorts of spiteful names. Aunt said she found people fearfully selfish, 'girls and footmen'—a not very flattering conjunction for poor me."

In a letter from Dunkirk Captain Tudor makes reply: "I want to tell you that if you were here you would feel that a woman who frivols has ceased to exist for anybody who's up against the stark facts of death and life. The standards of womanhood as well as of manhood are all to be changed by this War, and thank the Lord for that!

"And so Aunt Sarah damns dear Florence Nightingale because she said spiteful things about women! She did, but the question is whether the ways of some women didn't righteously provoke her into angrily saying them? . . .

*Burns and Oates, Ltd., 28, Orchard St., W. 18.

"P.S.—By the way, I'm in Hospital, with a bit of shrapnel in me that ought to have taken my life; but, in this every way topsy-turvy world, has certainly saved it. You'll see my name among the wounded, so I just mention it to let you and Aunt Sarah and everybody know that I'm ripped (but ripping)."

His cousin answers: "I think it was mean of you to leave us—to leave me—to learn from the papers how you won your wound and your Cross. I hope the friend you dug out of the ditch, with only the music of the shells to hearten you, has made his rescue worth while by a good recovery. Fancy Tony Capel! . . ."

"Marvels cease not, and the most amazing thing about Aunt Sarah has still to be told. She has persuaded three more of her men servants to enlist, and has given Belinda to Aunt Harryette for a birthday present. She says we are all in for sacrifices."

Captain Tudor's next letter contains "Just a word of thanks for your congratulations. There are crosses and crosses, the Iron Cross of the Kaiser, the Victoria that (by some fluke) is mine. But there's another, and a greater, and those people at home have it who've lost husbands and fathers and sons. I think King Christ has conferred on them His own Cross—the supreme distinction."

"And they have their Crown with their Cross—the crowning joy that their Beloved are safe for ever beyond range of all life's casualties, crueller, a lot of them, than any that battle can inflict. So when I hear that this man and that of my friends has fallen, I say to myself (perhaps a bit envyingly) those heavenly lines:

*"The sunshine, dreaming upon Salmon's height,
Is not more sweet and white
Than the most heretofore sin-spotted soul
That darts to its delight
Straight from the absolution of a faithful fight."*

"I quote from memory, but you know your Coventry Patmore well enough to be able to go to the source."

Of her "former footman Henry," Captain Tudor writes to his Aunt: "He had an eye shot out at Ypres—a place he calls Wipers, and other men Whypress. Wonderful to relate, he says it's a great comfort to have only one eye. 'The eye that's gone is the one *she* didn't like the squint of,' he said, but I could get no further enlightenment!"

In one of his many intimate letters to his cousin, Captain Tudor wrote: "You say that a war brings you nearer to the living; but I tell you, in this borderland between two worlds, one gets wonderfully chummy with all the generations of the dead. I'm getting back to the Front in a fortnight or so. I'm on pretty friendly nodding terms with Death by now, and suppose it may soon be a case of shake-hands. So I'll tell you that the hand Death takes is a better and a cleaner hand for having held yours in the days that now seem ten thousand years ago."

In her replies Pauline writes: "As Aunt has turned No. 60 into a Hospital, I shall probably take my first professional duty here. And I shall be nursing proxies of you all the time, my Owen. . . ."

"So you are in the front line again, and full of faith in the great issues of the fight! I bless you, my very own. I bless you now and always. . . . Again and again and again I bless you my Beloved, and I don't know why, but my tears fall as if to fix and not obliterate my blessing."

"To-morrow," writes Captain Tudor to his cousin, "we make a further advance to try to clear the Ypres district of the enemy, and so may end the toughest Battle in all British or any other history. . . ."

"By the way, doesn't it move you to see, in the list of the Fallen, the sons of so many parsons—and all of them knowing that the boys in this surely last War are like themselves, the servants of the Prince of Peace. In that Faith I live; in that Faith, God willing, I die."

"Goodbye, dearest you, from Owen."

"Remember, dear, that Love outlasts death."

EXTRACT FROM "THE NEW LEA."

"Mrs. Neldon-Weldon has fitted up her house in Grosvenor Square as a thoroughly well-equipped hospital for wounded officers and men. The nursing staff is to include her niece, Miss Pauline Vandeleur, and by a not unpleasant coincidence the first to arrive at No. 60, wounded from France, was Private Henry Thomas Dove, a former footman of the house, whom Mrs. Neldon-Weldon sent to serve his King and Country at the very outset of the war. . . ."

"Mrs. Neldon-Weldon is in mourning for her nephew, Captain Owen Tudor, V.C., who, after being earlier wounded, in circumstances that are now familiar, finally lost his life in a later stage of the stubborn fighting at Ypres. From recent reports it appears that a farmhouse occupied by the enemy, near to the advancing English line, had to be cleared, a task of the greatest danger, and indeed of all but certain death to the officer entrusted to carry it out. Captain Milne characteristically volunteered, and the General in command was about to accept the heroic offer, when Captain Tudor said: 'I'm your man, Sir—I'm not married.' Then occurred what is probably a unique episode of an otherwise unprecedented war. The General shook Captain Tudor's hand in acceptance of the offer, and, before releasing, bowed over it. The enemy were successfully dislodged that day, but Captain Tudor, leading his men in the assault, was shot through the heart."

REQUIESCAT IN PACE.

"Not all our heroes obtain temporal honours, but for all we expect the immortal crown of the elect. For this is the virtue of a single act of perfect charity: it cancels a whole lifetime of sins—it transforms a sinful man into a saint."—*From the banned Pastoral of Cardinal Mercier.*

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSING DISORGANISATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I point out to your readers a very important fact, probably overlooked, in regard to this fresh attempt upon the liberties of the nursing profession? Why will not the kindly-intentioned people who are so distressed at present conditions help us to cure disorganisation in our own profession, as we have long wished to do in our own way?

State Registration by a Central Council on which we have direct and sufficient representation would soon produce order out of chaos. It is curious that whilst one half of Europe is fighting against Germany because she wishes to force the world to adopt what *she* thinks is best for it, there is a group of well-meaning men and women in England who wish to do the same with trained nurses. When will people learn that those most concerned are most likely to know their own needs?

I am, dear Madam,

Yours sincerely,

MARY BURR.

Montreux.

OUR PRIZE COMPETITION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you very much for the cheque for 5s. which I received on Saturday. I am very pleased to have been the recipient of the prize this week from THE BRITISH JOURNAL OF NURSING. It is a great privilege to have such a progressive journal, and it is most inspiring and helpful to nurses in every branch of the nursing profession. With best thanks,

Yours sincerely,

CATHARINE WRIGHT.

East London Nursing Society,

198, Cable Street, St. George's-in-the-East.

A FEW HOME TRUTHS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I read your paper every week as, in spite of being a despised V.A.D., I know enough to realise its professional value and to appreciate your desire to raise the status of the trained nurse. If I may say so, what the nursing profession is suffering from is lack of education, and the reason why we V.A.D.'s are often preferred by the doctors, to say nothing of the patients, to professionals, is that many nurses not having been brought up in refined homes, begin in hospitals to be taught things we have been taught all our lives—(1) How to associate with men without cringing or familiarity, (2) How to take hold (many of us come

from the governing class), and (3) We have good manners, can speak grammatically, many of us are young and good-looking, some have money which smoothes the way all the world over; others good social connections; and we have a powerful, rich Corporation at our backs. I hope this does not sound snobbish and insolent, but we "uppers" are rather insolent, and the jealousy of women of inferior social status (however highly trained) has aroused a sense of resentment in the bosom of many V.A.D.'s.—although, to be just, it must be somewhat disconcerting to find untrained young women placed in charge of serious cases both medical and surgical, as many of us have been in Egypt and in the Near East, with only a few months' instead of three years' hospital experience, and to be commended by the leading doctors for our skill and success. I daresay if I had been a working bee for years, I should under the circumstances suffer from the green-eyed monster myself. As to registration, why is our work to be ignored? We feel quite sure that in any scheme of registration V.A.D.'s will have to be reckoned with in the future; and I am glad to note that the Matrons of the leading London hospitals, so many of whom are under the War Office, seem to see the wisdom of advancing our claims. Narrow professionalism must be broken down. Knowing your views it has taken some courage to send this letter to THE BRITISH JOURNAL OF NURSING; but as seas flow between I make the venture, though no doubt the waste paper basket, and not publication, will be its fate.

Yours sincerely,

A "V.A.D."

[We think registrationists will agree with us that this letter is far too precious for oblivion.—Ed.]

OUR PRIZE COMPETITIONS.

June 3rd.—Describe in detail the methods for the nursing of a severe case of delirium tremens.

June 10th.—What is Trachoma: how is it best treated and cured?

ORDER THE B.J.N. AT YOUR NEWSAGENT.

In view of the shortage of paper, and the Government appeal for economy in its use, we ask our readers to assist us by placing permanent orders for the regular supply of their copy of THE BRITISH JOURNAL OF NURSING with their newsagents each week, price 1d. weekly, or by ordering it direct from the Office of the JOURNAL, 431, Oxford Street, London, W., price 6s. 6d. per annum, 3s. 6d. for six months, or 1s. 9d. per quarter, post free.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

GENERAL LYING-IN HOSPITAL, YORK ROAD, S.E.

POST-GRADUATE COURSE FOR MIDWIVES.

One of the special features of the General Lying-in Hospital, York Road, Lambeth, S.E., is the annual Post-graduate Course. This year it is held from June 26th to 30th, inclusive. Those who wish to join should apply early to Sister Olive. The programme is an interesting one, the main items are as follows:—

PROGRAMME.

June 26th (Monday).—4 p.m., Reception by Matron and Staff. Tea. 5 p.m., Lecture by Dr. Fairbairn.

June 27th (Tuesday).—11 a.m., Clinic in Wards conducted by House Physician. Demonstration of Museum Specimens in Lecture Hall. 2 p.m., Meet at Hospital. Visits to Queen Charlotte's or Clapham Maternity or Jewish Maternity. 9 p.m., Lantern Lecture.

June 28th (Wednesday).—11.30 a.m., Clinics on "The Baby," conducted by Ward Sisters. 3 p.m., Lecture by Professor Arthur Keith on "The Blood and Nerve Supply to the Uterus." 5 p.m., Dr. Fairbairn's Lecture to Pupil-Midwives, followed by Clinic on abnormal cases.

June 29th (Thursday).—11.30 a.m., Demonstration in Milk Kitchen. 2.30 p.m., Meet at Hospital. Visit to St. Thomas's Hospital or Marylebone Infants' Clinic or Infants' Hospital, Vincent Square. 5.30 p.m., Lecture by Sister Olive.

June 30th (Friday).—11.30 a.m., Demonstration in Milk Kitchen. 2 p.m., Meet at Hospital. Visit to Walker-Gordon Dairy Farm or the Medical Museum or the Sanitary Institute. 4.30 p.m., Tea at Hospital. 6.30 p.m., Test paper (optional). Prizes given. 8 p.m., Lecture at Midwives' Institute (tickets 6d. each).

Subscription for course, 5s. Those who wish to join the Course should send in their names as soon as possible to Sister Olive (Hon. Sec.).

It is hoped that the lectures and clinics will be found especially useful to all those who are teaching practical midwifery, to practising midwives, and to nurses with the C.M.B. certificate who are working for infant welfare. Considerable time will be devoted to the "most important person." Students trained at York Road are asked not to wait for special invitation, but to send in their names. The course is open to all midwives and gives opportunities for all who are "rusty" to "rub up" and all who are keen to extend the limits of their knowledge.

Those who have attended this post-graduate course in former years will need no urging to apply to be admitted this year.

CENTRAL MIDWIVES BOARD.

The monthly meeting of the Central Midwives Board was held in the Board Room, Caxton House, Westminster, on Thursday, May 18th, Sir Francis Champneys presiding.

REPORT OF STANDING COMMITTEE.

On the report of the Standing Committee, further correspondence with Dr. E. J. Maclean, of Cardiff, was considered with regard to the acceptance of the curriculum and system of training which he proposes to adopt in connection with the Glamorgan County Free Midwifery Students as a compliance with the requirements of the new Rules C. 1 and 2.

It was agreed that Dr. Maclean be informed that the Rules require (C. 1 (1)) that each candidate must have "undergone a course of training in midwifery extending over a period of not less than six months." The Board considers that the scheme for Cardiff as set forth by Dr. Maclean does not provide for six months' training, inasmuch as during part of the course the candidates are attending lectures only.

A letter was received from Midwife Harriett L. Dolton, No. 32960, to whom the Board granted approval to train midwives on the condition that she undertook to train only one pupil at a time, asking that this restriction may now be removed to the extent of allowing her to train two pupils at one time.

It was agreed that the restriction imposed upon Harriett Louisa Dolton, No. 32960, not to train more than one pupil at a time be now removed subject to a report from the Local Supervising Authority that her house is suitable for the accommodation of two pupils.

A letter was received from the Clerk of the Council transmitting for the approval of the Board certain amendments to the revised Rules which have been suggested by the Local Government Board.

It was agreed that the suggested amendments, as modified, be approved by the Board.

APPLICATIONS.

For Voluntary Removal of Name from the Roll.—The application of eleven midwives for the removal of their names from the Roll, on account of old age, ill-health, or inability to comply with the rules were granted.

For Recognition as Lecturer.—The application of Dr. Arthur Blackwell Paul was granted.

For Approval to Undertake the Practical Training of Pupils.—The application of Midwife Florence L. A. Ewbank (No. 13278) was granted.

THE APRIL EXAMINATION.

The analysis of the results of the recent examination presented by the Secretary is interesting. The total percentage of failures was 22.6; in non-Poor Law Training Schools it was 20 per cent.; of those privately trained who attended institution lectures, 38.5 per cent.; pupils of private lecturers, 23 per cent.; and those trained in Poor Law Training schools, 16.7 per cent.—a distinct feather in the cap of both teachers and pupils in Poor Law institutions.

PENAL BOARDS.

The next Penal Boards will be held on Wednesday and Thursday, June 14th and 15th, at 11 a.m.

NEED FOR NATIONAL CRÈCHES.

Miss Lilian Barker (Lady Superintendent at Woolwich Arsenal) gave an address at Bedford College last Saturday, on the hygienic effects and defects of women's munition work.

Miss Barker said that the national crisis made it absolutely necessary for married women to work in order to support their children, and this ought to lead to the institution of national crèches to take the place of the nursery of the better class households. Crèches should be the means of employing what was now an almost unemployed class—the woman who was getting on in life.

The long hours that had to be worked now might unfortunately result in a lesser birth-rate and a loss of family life, but in peace times both of these should be remedied. Crèches should create a less harassed and therefore happier mother for the times of leisure.

THE POPULATION QUESTION.

In an interview in the *New York American* Mr. Bernard Shaw is reported to have said:—"The population question will be solved by treating child-bearing as the most important of the national services, and the protection, nurture, and training of children as the first interest of the State. . . . The community can have as many children as it needs by the simple expedient of paying what they cost."

VICARIOUS ADOPTION.

The *Lancet*, in a leading article on "Infant Mortality in Scotland, and the Nation's Future," referring to the suggestion of a contributor for a scheme for the reduction of infant mortality by a system of vicarious adoption, writes:—"Sympathy with 'lonely soldiers' at the Front has, as is well known, produced for them 'fairy god-mothers.' These have not only sent them parcels of delicacies to supplement their rations, but have done their best to cheer them with letters in the trenches. It may be that the 'fairy god-mother idea' will meet with a similar welcome when applied to actual infants, and that 'god-fathers' who will undertake a certain pecuniary

obligation will not find themselves excluded. In Scotland, as in England, there is ample room for voluntary agencies to work side by side and in combination with official bodies, for the war has only emphasised for the whole kingdom the need for vigorous and concerted action."

THE ROTUNDA HOSPITAL.

At a Charter Meeting of the Board of Governors of the Rotunda Hospital, Dublin, the Board warmly congratulated Miss Ramsden, the Lady Superintendent, upon her excellent report of the very serious condition in which the hospital and its inmates were placed during the recent rebellion, and thanked her for her very successful efforts in catering for the patients and staff under circumstances of unprecedented difficulty.

MISS RAMSDEN'S REPORT.

"On April 24th the terrible rebellion broke out, and everyone had an extremely anxious time. Two bullets entered Ward 7, causing great alarm to the patients, who were then moved out to the back of the hospital. The hospital became very full; on one day there were 113 patients in the wards. Owing to the Easter holidays our supplies had almost run out, and the situation outside was so very serious that the tradespeople could not deliver the goods, though milk was sent in by Mr. Turbett up to the 27th at very great risk. Then for two days we had none. Extreme economy had to be practised, but owing to the kind assistance of Mr. Kennedy, Mr. Conway, and Messrs. J. L. Byrne, Ltd., of Great Britain Street, who supplied different articles of food, suffering from want was avoided. Our best thanks are due to these tradespeople, and especially to Mr. Kennedy, who sent down a vanload of bread; otherwise we should have been entirely without. His vanman on leaving the hospital was fired at and the van searched by the rebels. Fortunately, the man was unharmed. The highest praise is due to our own men, who risked their lives going across the city on two occasions for meat, and in every possible way they gave me most valuable assistance. The gas was cut off on Tuesday morning, and the electricity on Wednesday, and our having to work in semi-darkness added to the difficulties of the situation. The nursing staff, however, maintained a wonderful degree of calmness under the great stress of work to the accompaniment of roaring cannon and firearms of every description. They cheerfully accepted the limited rations, and worked unceasingly for the welfare of the patients. Many wounded were treated in the dispensary, some cases being very serious, and three deaths took place. Dr. Simpson and Dr. Gilmor, Assistant Masters, with Dr. Datta and the students, worked unceasingly both indoors and outside at great personal risk. Dr. Simpson and Dr. Agar both conveyed serious cases from the extern midwifery department into the hospital under rifle fire, and many poor women were brought in by the military and the Red Cross ambulances."

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EDITORIAL.

THE GOLDEN OBITUARY OF THE BRITISH ARMY.

It is a natural desire of the bereaved that the bodies of those so dear to them in life should be reverently cared for in death, and the French Government, by acquiring at their own cost the land in which British soldiers are buried in France and Belgium, and offering it to the British Nation, have earned the gratitude of thousands of British men and women.

Preaching recently at St. Paul's Cathedral on "the old, old question which the Master asked the Sisters of Bethany 'Where have ye laid him'" the Archdeacon of London said that "it would make all the difference when the war is over, and the battle fields are visited, that the invitation 'Come and see' can be so fearlessly accepted." He referred to the letter in the press in which the writer stated that he had just returned from a visit of inspection of a large number of cemeteries along the British Front, and could testify to the pains bestowed, not only in marking and recording every grave accessible within our lines, but also to the loving care of the graves and cemeteries themselves. This noble work is, he says, day after day, being carried on by a band of officers and men under conditions sometimes entailing considerable danger, with an enthusiasm which he has rarely seen equalled and which, alas! has already exacted its toll.

Every grave at the front is marked by a simple cross, with name, regiment, and date of death recorded, and accurate surveys are kept of every burial ground.

Sir Douglas Haig, in his Despatch published in the daily press on May 30th, makes special mention of the work of the Commission of Graves Registration and Enquiries, "which since it first undertook this work has registered and marked over 50,000 graves. Without its labours many

would have remained unidentified. It has answered several thousand inquiries from relatives and supplied them with photographs. Flowers and shrubs have been planted in most of the cemeteries, which are sufficiently far removed from the firing-line, and all cemeteries in which it is possible to work in during the day-time are now being looked after by non-commissioned officers and men of this unit."

When, therefore, we read what Archdeacon Holmes has called "the Golden Obituary of the British Army"—the Roll of Honour in our morning papers—we may take comfort in knowing that so far as possible the last "rest houses" of these British officers and men are treated with the reverence and respect which befits the graves of heroes, just as the Russians honour their fallen by beautifying the roads all along the Russian front. "The graves are fashioned with love, and white crosses line the way with ikons of the Mother of God, the Mother of the Cleft Heart which swords have pierced: the typical mother of suffering motherhood and womanhood."

In the Royal Academy this year there is an arresting picture "Youth Mourning." In the foreground is a woman, with face bowed to earth, prostrate before a forest of dim white crosses pointing skyward in a soldiers' cemetery. A picture quiet and grey as grief at peace.

If—as the Archdeacon reminds us Dr. Newman believed—there is some mysterious connection between the soulless body and the bodiless soul then those who have passed through the Gates Ajar "straight from the absolution of a faithful fight," as well as those who are left to mourn them, are grateful for the care bestowed on their last resting place on earth. With the Archdeacon "We give public and hearty thanks to the French Government for the offer it has made us of the graves of our dead."

OUR PRIZE COMPETITION.

DESCRIBE IN DETAIL THE METHODS FOR THE
NURSING OF A SEVERE CASE OF DELIRIUM
TREMENS.

We have pleasure in awarding the prize this week to Miss Lucy C. Cooper, City of Westminster Infirmary, Colindale Avenue, Hendon, N.W.

PRIZE PAPER.

The nursing of a severe case of delirium tremens is not at all straightforward: the previous history of the patient is important; the attack may have been brought on by one big drinking bout; it may be the outcome of many months, or even years, of immoderate drinking; or it may be due to quite an unimportant quantity of alcohol taken during grief, shock, or starvation.

Symptoms vary with the cause of the attack, according to the bodily strength of the patient, or his temperament, and must be watched for and treated as they arise. When in charge of a patient suffering from delirium tremens, remove from reach all articles, such as knives, scissors, small articles of furniture, or ornaments, that could be used during a homicidal or suicidal attack of frenzy. If the attack has been brought on by one bout of drinking it is best to wash out the stomach with warm water, afterwards giving a purge. Croton oil \mathfrak{m} ij, castor oil \mathfrak{z} iv, Epsom-salts \mathfrak{z} ij, are good, because they act quickly, and by producing a watery stool help to eliminate some of the alcoholic poisoning from the system. Afterwards give a hot drink, hot-water bottles to feet, and do all possible to induce the patient to sleep, when he may wake up quite recovered. If sleep is not obtainable, the delirium will increase, and the patient may have to be given a sleeping draught. Laudanum, morphia, bromide of potassium, or chloral hydrate may be ordered.

Where the attack is the result of long-continued drinking the case is much more serious and longer in duration.

The skin is generally cold and clammy. Pneumonia is one of the complications, and is very often the cause of death in delirium tremens; it may be acute in one or both lungs, or it may be hypostatic. There is always a certain amount of shock present, which must be treated generally. There is also a lowered vitality, due to want of proper nourishment. There may be jaundice, diseased liver, heart, kidneys, and lungs. Gout and rheumatism may be present, albuminuria, anæmia, &c., tremor and twitchings, convulsions and fits. The patient must be given a mild purge, and

afterwards a daily action of the bowels kept up. He must be put to bed in a warm, well-ventilated room; very nourishing fluid diet given every two hours, such as eggs beaten up in hot milk, beef tea, chicken and mutton and veal broths, meat jellies, Benger's food, corn-flour, milk, cream, soda water, coffee, cocoa and tea nearly all milk, this fluid diet being kept up until all signs of delirium have disappeared.

There may be complete insomnia, or the patient may have short sleeps disturbed by terrifying dreams, such as imagining he is covered with loathsome insects, or that some monster is pursuing him, and care must be taken during these stages that he does not jump from a window or run naked into the street. If the insanity is very great, it is best to put the patient into an institution where he can be nursed in a padded room, and where there is a sufficient staff of attendants. Mechanical restraint should never be employed.

Sleep is most necessary, but every means must be tried before resorting to drugs, as the illness may be long enough to form the drug habit. Sometimes a hot bath, where possible, or a warm blanket bath, or a warm or cold pack are useful in promoting sleep.

The patient must never be left alone while delirium or the resultant depression remain. In the later stages of convalescence, travelling, suitable and interesting occupation, or detention in a specialised nursing home may be useful to prevent a recurrence of the drink habit.

Bitter tonics may be ordered to allay any craving for alcohol, but the chief thing is to build up the body by good feeding, and so strengthen the brain and incidentally the will and moral power of the victim.

The Weir-Mitchell treatment, with its diet, massage, rest and exercise, can be very well carried out in the later stages of the chronic drunkard after the delirium has passed off.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. Wright, Miss F. Mahoney, Miss C. G. Cheateley, Miss F. Sheppard, Miss V. Pratt, Miss B. M. Owen, Miss J. Wilson, Miss D. Sall.

Miss V. Pratt points out that the care of delirious patients demands the utmost watchfulness and tact. The nurse must avoid annoying them by contradiction or harshness.

QUESTION FOR NEXT WEEK.

What is Trachoma, and how is it best treated and cured?

NURSING AND THE WAR.

THE ROYAL RED CROSS.

Last Saturday the King invested the following ladies with the Royal Red Cross:—

FIRST CLASS.

Miss Helen Rait, Lady Superintendent, Queen Alexandra's Imperial Military Nursing Service for India.



A WOUNDED FRENCH SOLDIER KISSING THE BRITISH FLAG ON EMPIRE DAY.

SECOND CLASS.

Miss Dolores Knight, Sister, Queen Alexandra's Imperial Military Nursing Service.

The picture of a "Poilu" in the French Hospital, Shaftesbury Avenue, W.C., saluting the British flag, is characteristic of the simplicity and charming dignity which seems to be instinctive in the French nation. Different nations have different characteristics. We all know that "Tommy Atkins" is superb, but we cannot imagine him sitting up in bed and kissing the Tricolor with the serious grace of his comrade-in-arms.

We wonder if it is true that many patients in military hospitals are suffering with bed-sores. We know of one masseuse who reports that in the hospital in which she works the bed-sores are terrible. Let us hope this condition is an exception. Any way, every patient who gets a bed-sore after admission to a military hospital is a sure sign of inferior nursing and means lack of supervision.

It is always expected of nurses that they should be "adaptable." The latest instance of this quality which has been brought to our notice is in a picture in a *compte rendu*, in which a French Red Cross nurse is seen entering an aeroplane; and, in answer to a call, is preparing to fly to the aid of the wounded. She seems to be stepping into the machine in a most purposeful way.

We regret to record the death of Miss Eliffe, a member of the Military Nursing Service Reserve, which took place at the Queen Alexandra's Military Hospital, Millbank. She was buried with military honours, and our illustration (on page 476) shows some of the convalescent patients following the gun carriage used as a bier as a last tribute of respect.

A message from Milan states (according to the *Daily Express*) that the Duchess of Aosta recently visited the British Red Cross nurses near the Italian front and congratulated them on the splendid work they have been doing; particularly among the ever-increasing arrivals of wounded since the beginning of the Austrian offensive. The women carried many men down from heights of 10,000 feet, risking death from avalanches.

We have brought to the notice of our readers from time to time the splendid work of the nurses at Verona, trained by Miss Snell at the Policlinico Hospital, Rome.

FRENCH FLAG NURSING CORPS.

The Committee have to sincerely thank the Rev. Alex. Connell, of Sefton Park Church, Liverpool, who has sent the Hon. Treasurer a cheque for £100 given to him in response to Miss Ellison's appeal for the French Flag Nursing Corps by one of the ladies of his congregation. The Committee greatly appreciates the generosity of this anonymous gift.

Miss Hunt and her pupils still continue to send their generous gift of ros. a week to the Corps. This little income goes far towards meeting clerical expenses in England.

During Miss Ellison's visit to the North she addressed the children of the Norwood Sunday School on the work of the Corps. These kind little people have now forwarded seventy khaki handkerchiefs for the French soldiers, as they were told how much they appreciated British gifts of a personal nature. They love the sympathy and the souvenir.

Our readers are asked to note that those kind donors who wish to send gifts to the hospitals where members of the French Flag Nursing Corps are working, from Canada and America, should consign them, addressed to the Sister concerned, at the F.F.N.C. hospital where she is working, care of The Croix Rouge Française, 9, Knightsbridge, London, S.W. Such gifts must be packed in boxes or canvas, must have a list of contents *outside* (preferably stencilled), and no tobacco or playing cards must be enclosed.

A very happy little party left Waterloo station for France on Tuesday evening, including the Canadian Unit of six, and Miss G. K. S. Robson. The Canadians have had a very busy and delightful time in London, and Miss Cannon who was in charge assured us that in bidding good-bye to Mrs. Kerr-Lawson and Queen Mary's Hostel "they felt like leaving home." We wish them all success in their future work for our brave allies.

REPATRIES.

In the grey of a winter morning the "Place" of a little frontier town shows groups of people gathering slowly as it nears 8 o'clock. A motor draws up, and M. le Prefet, dignified in his impressive uniform, takes his place in front of the Mairie, gay with flags.

For many mornings during the past three months he has waited to welcome back to France those who have been forced to live as prisoners under an alien domination in their own country or who have been carried away and interned as civil prisoners in Germany. The former are almost all women and children, the latter always men. At the pleasure of their captors they are being sent back to France after



WOUNDED SOLDIERS AT THE FUNERAL OF MISS ELIFFE, OF QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE RESERVE.

privations and anxiety that are hardly to be described.

Round the bend in the road comes the little tramway that brings the convoy of repatriés across the frontier. Gay with flags, there are pale faces leaning and hands waving from every window. There is a faint noise of cheering, which breaks suddenly into the "Marseillaise" as the tramway reaches the public square, a trembling and broken sound. The watchers cheer in sympathy, and all hats are raised and waving. Groups of soldiers are ready at each exit to help down those who are feeble; the friendly hands stretched out are grasped and shaken, and shaken again, and tears are in many eyes. These are men between fifty and fifty-five, and a few youths. Pale they look, ill-nourished and very tired after their journey of three nights and two days. They all pass into the Mairie

through doors guarded not by sentinels, but by their friendly *compatriotes* wearing sashes of their beloved tricolor, who give them all a great *bonjour de main*. There the Prefet shakes hands with each, and in the name of France welcomes them back.

After the formalities of medical inspection and registration are concluded, they go to their allotted hotels and after that they are free to wander where they will in the town until they are sent on to their destination. After the first excitement is over, one sees them standing at the corners or walking slowly in groups, and one is conscious that the prevailing attitude is one of listless depression. Spoken to, they brighten up at once, and have the air of remembering how to smile, but as one passes they appear to sink again into dullness. The second day after their arrival it is better, the fatigue of the long journey is passing off and they are learning to feel free again.

Ill-treated? No; but badly nourished, *yes*. Always the same story. "But for the Swiss, who sent us parcels, we should have died of hunger." "A parcel every fortnight; *pensez-vous*," and shaking hands extract a case of cherished bits of paper from some inside depths and produce a post-card from one of the senders of the parcels. "Ah! those Swiss are generous ones. We shall never forget them and their kindness, never; they will have their reward. When I arrive, what a letter I shall write! I shall try to thank them properly, these Swiss; they are true friends."

"Our diet? For breakfast, tea; *yes*, *tea*, but no colour, the colour of water, and 150 grammes of bread. A little bit that, a mere nothing. For dinner, beetroot and turnips; for supper, coffee, and again no bread to speak of. And *dirt*—hairs and straw in the soup."

"Vermin? *Yes*, we were eaten alive, especially at the beginning. Wash your clothes? How could you when you had only one shirt?"

They had had to work and had been paid for it, though not highly. One man had saved up 63 francs and on his return went with it straight to the Banque de France, "pour aider la Guerre." One man we met, a cheerful, energetic person, a mason and plasterer, had evidently done good work and been well paid; he came from a camp that appeared to have been well managed. He showed us picture postcards of it that he had brought away hidden in his shirt, also of the church close to the camp where they went every Sunday to hear Mass. From a secret corner about his person he brought out another treasure. "Look, I made it for the Quatorze Juillet," he said proudly. A tiny flag rolled up tight, the red, white and blue carefully sewn together, and on the white was written "Vive la France. 14 Juillet, 1915." We asked him how he dared. "Oh, I hid it well," he said. He shook hands again and again as we wished him good luck, and looking at the badge we wore he said, "When I have made a little money I shall send a donation to the Croix Rouge—it is all the same, isn't it?"

A lad, very white, told us he had had his cough for six months. "You see, I had no relations to send me food, and I didn't get enough to eat, so I could not get rid of it, but now I shall be all right."

There were no stories of injustice and no bitterness against their jailors. One man spoke of having to leave two marks behind that were owing to him because the man who paid them had no change. "I said to him, oh well, I make you a present of that." "But I shall write to the Kommandatur, and he will see me righted. I shall not lose my two francs, no no."

The greatest suffering seemed to have been absence of news of their families. One man said that his wife was in the occupied country, and all the news he had had from her was a postal order for four francs. "I did not want her to send me money, but it was news all the same. I knew she was alive. And now I shall get her back. Oh yes, I am sure she will get back."

The next day the convoy starts again for the south. Up and down the platform walks a lady with a sheaf of papers in her hands. She is calling out names. "M. Tel et Tel?" "Me voilà, Madame." "Monsieur, votre femme vous reclame; elle est émigré à B—," and a slip with the address is handed him. What joy it brings—the first news for seventeen long months. The organisation of the Bureau des Recherches makes it possible for many thousand repatriés to hear news of their families almost as soon as they touch French soil. Generally it is good news—but not always.

They cannot all go on at once. The suffering and privation have told so severely on some of them that they must wait awhile and gather up strength to face the new life that awaits them. Sometimes it is a question of merely a week's rest and the homelike Maisons de Repos give them all that is needed. But there are others who need some weeks of care and nursing to put strength into them again and to prevent them from falling into permanent ill-health. For them, too, a Maison de Repos is being prepared in a high mountain valley, where in the fresh air, tended by loving hands, they may rest and forget the pain they have come through and find again that splendid courage which is the heritage of their race.

IRENE SUMNER.

PRESENTATION.

Great regret was felt and expressed at Standish Hospital last week, when Miss du Sautoy, who has been Matron since the Hospital opened in May, 1915, left to take up important work in London. It is mainly owing to her great power of organisation that the Hospital has been run so successfully, as it is far more complicated in its arrangements than most Voluntary Aid Hospitals, owing to the staff all living in the hospital, and it has accommodation for 105 patients. Before she left Standish House Miss du Sautoy was presented

with the following gifts: Chad pendant and chain, from the Commandant; silver antique caddy spoon, from the Assistant Commandant and the Quartermaster; leather bag, from the trained nurses; and copper caffeta coffee maker, Worcester china coffee cups and beaten iron tray, from the Voluntary Aid Detachments members, with the accompanying inscription: "To Matron. A small token of grateful appreciation of the great kindness she has shown, during the past year, to the V.A.D.'s of Standish Red Cross Hospital, and wishing her all success in the future."

JOINT WAR COMMITTEE.

The following Sisters have been deputed for Home Service:—

Red Cross Hosp., Landoverly, Carmarthenshire.—Miss E. A. Rattray.

Red Cross Hosp., Minehead.—Miss E. Corder.

Heywood Mil. Hosp., Cobham.—Miss E. Mason.

Military Hosp., Mersham.—Miss K. Townshend.

The Canadian War Hospital, Walmer.—Miss E. Day.

Carnwalsh House, Lanarkshire.—Miss E. S. Deekes.

Red Cross Hosp., Harlow.—Miss H. Clarke.

Braeside Hosp., Loughlon.—Mrs. A. L. Walker.

Regent's Park Hosp., Southampton.—Miss A. Ward, Mrs. E. M. Oliver.

Hospital for Facial Injuries.—Miss E. Callwell, Mrs. S. Hally, Miss E. Lampen.

V.A.D. Hosp., St. Fagan House, Cardiff.—Miss E. B. Wilkins.

Loversall Aux. Mil. Hosp., Doncaster.—Miss H. C. M. Ross.

Lundwood Hosp., Barnsley.—Miss B. MacMurtie.

Jeffrey Hall, Monk Sl., Sunderland.—Miss K. Greenway.

Red Cross Hosp., St. Anne's, Lewis.—Miss A. L. Cope.

Gifford House, Roehampton.—Miss H. Murrell.

V.A.D. Hosp., Rosherville.—Miss I. Robinson.

Bowden Aux. Mil. Hosp., Nottingham.—Miss A. Kane.

Red Cross Hosp., Saffron Walden.—Miss E. Palmer.

Aux. Mil. Hosp., Southwell, Notts.—Miss E. Parsons.

Southwood Aux. Hosp., Eltham.—Miss E. Richardson.

V.A.D. Hosp., King's Weston, Bristol.—Miss M. E. Speight.

V.A.D. Hosp., Urmston, Eastbourne.—Miss H. Monteath.

Aux. Hosp., Springhall, Halifax.—Miss M. V. Wells.

F Star and Garter Hosp., Richmond.—Miss E. Foster Blake.

ABROAD.

Le Touquet.—Miss E. M. Bristowe.

Boulogne.—Miss L. H. Oakley, Miss F. I. Steggall, Miss A. G. Haugh.

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES' ANNUAL MEETING.

The Annual Meeting of the Society for the State Registration of Trained Nurses will be held at No. 1, Wimpole Street, W. (by the kind permission of the Royal Society of Medicine), on Thursday, June 8th, at 4 p.m., when the President will speak on the State Registration of Nurses up to date.

As it is most important that the members should realize the issues involved at the present time, she hopes they will make every effort to be present.

By the kind invitation of Mrs. Welter Spencer, those attending the meeting are invited to tea at its conclusion, at 2, Portland Place, W.

A FEW HOME TRUTHS.

The letter under the above heading which we published last week appears to have aroused an unusual amount of strong feeling to judge from the number of indignant letters received, some of which we print this week. We are not surprised to receive indignant expressions concerning the letter in question, but it cannot be condemned as altogether imaginary. There is no doubt that, presumably from lack of organization, the young, untrained War Probationers known as "V.A.D.'s" have been placed in positions of responsibility abroad, to fill which there would have been no difficulty in finding highly qualified nurses, and that the vain and unbalanced amongst them have become a little *tête montée* is by no means extraordinary when we read the following eulogy concerning them, signed by five Colonels in the Army Medical Service, at Valetta, Malta, which appeared quite recently in the fortnightly Summary of Work by the British Red Cross Society and the Order of St. John:—

"NOTE ON THE WORK OF THE V.A.D. NURSES IN MALTA."

"Immediately on their arrival these nurses were posted to the various hospitals where we daily met them at work. From our own observation of the manner in which they performed the duties assigned to them, we are of opinion that they more than justified the trust reposed in them.

"We found them to be well acquainted with the ordinary methods of medical and surgical nursing and with the preparation of surgical dressings. They were well disciplined, alert in recognising unfavourable symptoms, and, whilst losing no time in sending for assistance, were capable themselves of rendering efficient first aid.

"Perhaps a few examples will convey a more accurate impression than the foregoing general opinions.

"One of these nurses was attached to the operating theatre of a large surgical hospital taking full charge during the absence of the Sister, and emergency cases not infrequently arose

under such circumstances, and one of ourselves was often present. This nurse filled the position admirably, preparing instruments and arranging everything in an efficient manner. On many occasions she earned the congratulations of the medical staff for the excellence of her single-handed services.

"In the same surgical hospital another V.A.D. nurse made preparations for an operation which was expected to be trivial. Difficulties were encountered, nevertheless she met all our demands during a long and trying hour, rapidly expanding her arrangements with unruled self-possession. This is by no means a solitary example.

"Many of the V.A.D. nurses were placed in charge of large wards of lighter cases. The discipline maintained by them, over patients and orderlies alike, was excellent; the wards were clean and tidy, and there was an air of added comfort and brightness not to be excelled anywhere.

"It was also a part of the duty of the V.A.D. nurses to take charge of ordinary wards during the absence of the Sister, and we know of no instance in which they failed to justify their trust.

"At the chief hospital for infectious diseases, with over 1,000 beds, they shared the work in the wards for enteric fever, dysentery, scarlet fever, diphtheria, &c., with the regular Staff Sisters. In many dangerous cases their devotion was heroic. As an evidence of the careful manner in which these women, though but partially trained, discharged their duties, observing the instructions for dealing with highly infectious cases, it is gratifying to record that in this particular hospital, no case of infectious illness arose amongst them, although exposed to the same risks as the more highly trained Sisters. Without the assistance of the V.A.D. nurses, the nursing could not have been efficiently carried on.

"Another feature which contributed in no small degree to the good influence of these young nurses was the cheerful and hopeful outlook which they imparted to the sick and wounded.

"We in no way desire to compare the work of the V.A.D. nurses with that of the fully trained and experienced Sisters, whose work needs no commendation from us, but we would simply record that, save for the inevitable few (who might have been excluded by a more careful initial selection), the great majority proved themselves highly efficient and worthy to be employed in any military hospital. Many of them are ladies of conspicuous refinement and culture, and some, to our knowledge, came out to help to nurse the sick and wounded at a considerable personal sacrifice.

"(Sgd.) C. A. BALLANCE, Col. A.M.S.

"PURVES STEWART, Col. A.M.S.

"CHARTER SYMONDS, Col. A.M.S.

"A. E. GARROD, Col. A.M.S.

"WILLIAM THORBURN, Col. A.M.S."

Little wonder well trained Sisters bitterly resent our sick and wounded soldiers being in the hands of untrained women and write home, "Nursing is a dead Art."

CONSTITUTIONAL GOVERNMENT FOR THE NURSING PROFESSION.

THE DAVID LEWIS NORTHERN HOSPITAL, LIVERPOOL.

MR. D. S. W. W. W.

"To whose generosity the re-building of the Hospital was mainly due in 1900."

This inscription beneath the bust (in the entrance hall of the David Lewis Northern Hospital) of one of Liverpool's most generous benefactors epitomizes the history of the new building which has entirely replaced the old.

Situated just where it is most required probably, down by the docks, it meets the need it is intended to supply, and moreover fulfils the first of the "Laws" laid down by the Committee, namely: "This institution shall be called the 'David Lewis Northern Hospital,' and shall be confined as much as possible to severe accidents and acute cases."

It is a fine hospital and worthy of the traditions of the city in respect of nursing and philanthropy. Was not Liverpool the first city—in this and also other countries—to institute district nursing, that most inestimable boon to the poor? It is not too much to say it is the most valuable of the many branches of social service among nurses, which are the products of it. It is fitting that the honoured name of Rathbone should be on the Committee: a son, or grandson, no doubt, of the founder of that great humane organization. One of the principal features of this spacious hospital, and of which the authorities are very proud, are the fine wide corridors of green and white tiles, looking so cool and clean. Another is the circular children's ward. This looks far more like a model nursery than anything else. Both in furniture and decoration it is wonderfully attractive. There are toys of all sorts and sizes. Two splendid bears, large enough for a child to ride, prowl about the floor! A team of three rocking horses, like a troika, in a most invitingly prancing attitude, have no doubt borne many happy little ones on their backs. On the wall space between every window, and therefore over every bed, one of our immortal and ever-popular nursery rhymes is painted on a large scale—almost life size! The colouring is bright, but soft and harmonious. The general effect is most cheerful and fascinating, and a perfect joy to every fortunate little inmate. The *pièce de résistance*, however, is perhaps the charming statue of the little girl—Bertha David Lewis—who died in early childhood, and to whose memory the ward was built; it naturally bears her name. The little lady stands on a pedestal, just beneath the clock, looking down at a pretty pair of new shoes that she is wearing. Unfortunately the entrancing pictures on the walls are not shown in the photograph; probably they are the latest decoration.

Fifty beds in this hospital have been placed at the disposal of the Army Council for the treat-

ment of sick and wounded soldiers. A description of this fine *Hôtel Dieu* (we like this term as being so suggestive of the high purpose of a hospital), however brief, would not be complete without reference to the "Entertainment Room," where entertainments are frequently held, provided by the kindness and generosity of the inhabitants of the City. Amateur theatrical companies frequently give performances, which are very popular, and every patient and nurse able to leave the wards, as well as outside friends, fill the room to overflowing; it is provided with a stage and other facilities. It was in this room that Miss Beatrice Kent—member of the State Registration Society—by the kind invitation of the Matron, Miss Renaut, gave an address to the nurses on

is a nominated one—has vested itself with almost supreme power. Sir Charles Russell, legal adviser to the College, has said that everything can be done by the Council except "keeping a Restaurant and building a Dreadnought." It is clear to all fair-minded people what a serious truth underlies this joke. The lecturer went on to explain the fundamental principles of State Registration embodied in the Bill now before Parliament, which has had such strong support from the Medical and Nursing Professions; she further reminded her most attentive audience, that it should be the duty and privilege of every nurse, with professional enthusiasm, to support and help forward this great reform. She suggested that two or three nurses should combine in sub-



CHILDREN'S WARD, DAVID LEWIS NORTHERN HOSPITAL, LIVERPOOL.

the afternoon of May 18th. Among those present, besides the residents, were Mr. W. H. S. Oulton, Chairman of the Committee of Economy, Miss Aspinall, Matron of the Stanley Hospital; Miss Baguley, Deputy Matron of the Southern Hospital, also the Home Sister of the same. The Matron, who, together with many of her nurses, is a member of the Society for State Registration, took the Chair and introduced the speaker. The latter explained the great principle of constitutional government, for a profession as for a country, namely: Government of the Profession, by the Profession, for the Profession. This explanation was necessary in view of the fact that the Council of Management of the College of Nursing—which

scribing to THE BRITISH JOURNAL OF NURSING, the official organ of the Society for State Registration of Trained Nurses, and that any who had not already done so should join the Society.

NURSES' MISSIONARY LEAGUE CAMP.

The date of the Summer Camp is from June 14th to 28th. It will be housed in Old Jordans Hostel, some two miles from Beaconsfield in Buckinghamshire, in the midst of beautiful woods and cherry orchards. The cost varies from £1 to £1 6s. a week, according to accommodation. Further particulars can be obtained from Miss H. Y. Richardson, 52, Lower Sloane Street, S.W.

THE REGISTRATION OF SPECIALISTS.

Now that there is a very real danger of the nursing profession being almost entirely controlled by the laity, and those who employ nurses in and out of hospitals, it is not surprising to find those who have for years upheld the lowest standards of training, and consequently of efficiency, rushing in "where angels fear to tread," and the organizers of cottage and village nursing must, we fear, be classed amongst those who have done much to injure not only the professional status but the economic condition of district nurses.

Miss Broadwood, Director of the Cottage Benefit Nursing Association, and Miss F. C. Joseph, the Hon. Secretary of the Public Health Sectional Committee, National Union of Women Workers, are inviting selected members of the nursing profession and others to meet the General Council of the former Society at Denison Hall, 296, Vauxhall Bridge Road, S.W., on June 14th, at 2.30 p.m., to discuss "how the College of Nursing may affect cottage, village and district nurses, and those to whom they minister amongst the rural population." Miss Joseph will explain her scheme for "A suggested basis for a Scheme for the Registration of Nurses." What qualifications this lady possesses for assuming the right to define the training and educational curriculum and system of registration for the nursing profession is a mystery to experienced members of that profession, but at the present crisis numerous schemes will in all probability be put forward for our control, especially by those interested in providing the poor with charitable aid—for which the promoters are seldom willing to provide sound financial support. We presume the Scheme to be considered on June 14th is the same brought forward by Miss Joseph on April 12th before the Public Health Sectional Committee, N.U.W.W., after which an emergency meeting was hurriedly summoned on April 15th (a notice of which failed to reach us as the representative of the Society for the State Registration of Trained Nurses), at which a deputation was nominated to interview the Council of the College of Nursing, and from which the trained nurses on the Committee were all excluded. Miss Joseph's scheme is for the State Registration of Specialists, and for some branches she considers that hospital training is not necessarily the best experience for their work, although she goes as far as to state that "the object of training should surely be to fit the individual for her job." She considers that the nursing profession is analogous to the teaching profession, and "that has been organised and registered, and on its Register are University, Secondary, Elementary and Special Subjects Teachers. They are all recognised as belonging to the Teaching Profession, and all have to come up to Standard and pass the examination of their own class, but their province is quite distinct. It is not contended that no one but a University Teacher is to instruct an Elementary School child, so why should it be said that no one but a three-

year trained hospital nurse is fit to tend a sick person? It should surely be possible, if outside examinations are made compulsory, for there to be different classes of nurses for different work, and they should be able to graduate as Hospital Nurse, Village District Nurse, Mental Nurse, Tuberculosis Nurse and so on." This argument is in our opinion entirely fallacious. There is no comparison between the treatment of the whole body and the cultivation of the mind. There are elementary teachers for undeveloped minds, and secondary and university teachers as the mind develops, but the body is anatomically defined from birth. The general principles of the theory and practice of nursing must be acquired by every nurse before she can safely specialise in the care of any form of disease, thus to argue that "Hospital Nurses, Village District Nurses, Mental Nurses, and Tuberculosis Nurses and so on" should all be registered in classes presupposes that a knowledge of the general principles of the theory and practice of nursing is not necessary for specialists—a very unsound and dangerous proposition.

What is the object of hospital training except to afford the indispensable clinical experience, without which theoretical knowledge in relation to the care of the sick is a danger? Hospital training is merely a means to an end, and that end is to lay a safe foundation of general nursing knowledge. Having acquired this the nurse can specialise. But it is futile to suppose that she can safely do so without it, because the body cannot be divided into its component parts and nursed in sections, but must be cared for as a whole.

Miss Joseph argues that "if professional recognition is limited to women with three years' training in certain hospitals, we shall injure health work throughout the country. . . . There are not sufficient of the three years' hospital trained women, nor are they suited or willing, to undertake much of the work that is being done by those with different and specialised training to fit them for their jobs. But these women will cease to come forward if they find that they are to be debarred from professional status; or if they come forward they will still be a thorn in the side of the hospital-trained nurse, and the present condition of discord will be perpetuated."

The fact is that uneducated, semi-trained nurses are now provided for the poor in rural districts because they are cheap, and a system of sweating has for years been permitted, if not enforced, by the laity who organize and control such nurses in the name of charity. We want to alter all such indefensible methods, and that cannot be done if a system is inaugurated by the College of Nursing, or any other body, which recognises semi-trained specialists for the poor and provides thoroughly trained women for those who can afford to pay for them. The Medical Acts make it compulsory that a medical practitioner shall attain a safe standard of knowledge—upon which he can specialise if he pleases—before he is regis-

tered, and experienced and conscientious members of the nursing profession must fight for this principle for the safety of the sick—especially the helpless poor—as well as to justice to themselves in any scheme for their own registration.

E. G. F.

THE COLLEGE OF NURSING, LTD.

At the meeting of the Metropolitan Asylums Board held on Saturday last at the Office of the Board, Embankment, E.C., a letter was received from the Hon. Arthur Stanley, Chairman of the Council of the College of Nursing, Ltd., asking the Managers to nominate two representatives on the Consultative Board of the College.

THE HOSPITALS COMMITTEE'S REPORT.

The Hospitals Committee presented a report on the subject, in which they pointed out that the Consultative Board is to consist of "such number of persons as the Council shall from time to time determine, and is to be elected from amongst physicians, surgeons, hospital Matrons, and principal officers, superintendents of nursing, trained nurses, and persons interested in the relations between nurses and the public."

The Hospitals Committee further pointed out that "the Board has no executive powers; its function is to consider and report on any question submitted to it by the Council."

It is laid down that the Council shall always invite and receive a Report from the Consultative Board before coming to a determination on the following matters:—

(a) The course of study and technical training for persons intended for the nursing profession.

(b) The conditions under which recognition may be extended to nursing schools. For though there is to be only one certificate of general training for all nurses wherever trained, it is intended, under stringent safeguards as to standard, to accept the internal examinations of recognized schools as qualifying for the certificates of proficiency to be granted by the College."

The Hospitals Committee advised the M.A.B. "that since every training school in the kingdom has been invited to nominate representatives to act on the Consultative Board, it is obvious, if a bare majority only accept the invitation, that the representatives proposed would be too numerous to form a single Board, and a selection from them will therefore have to be made. . . . Consequently the Asylums

Board, though it represents a very large body of nurses, is merely invited to send in two names, whose bearers will have to take their chance of being picked out of this mass of representatives to sit on the Consultative Board.

"In our opinion," they say, "after consultation with the Principal Medical Officer, this Board, as a very large employer of nurses, should undoubtedly be represented on the Council, as distinct from the Consultative Board, since the Council proposes to take into its own hands the examination and granting of certificates as to all classes of women's work in hospitals. Under such circumstances the interests of nurses who receive a special training in hospitals for infectious diseases, for mental cases, for sick children, and in sanatoria, ought to be represented on the governing body instead of the Board being asked to nominate two individuals who may or may not ultimately be elected to a Board which will be unwieldy in size, and possessed of no executive authority."

"The constitution of the College does not appear to us to be sufficiently clearly defined, and before the Managers commit themselves to any definite action, we recommend:—

"That in reply to the letter from the Chairman of the Council of the College of Nursing, he be informed that in the absence of full information as to the constitution and composition of the governing body, this Board is not prepared to accede to the request regarding the nomination of representatives on the Consultative Board of the College, but that if the Council will furnish the information referred to above, and reserve a vacancy on the governing body, the Managers will then consider the propriety of making a nomination therefor."

The report of the Hospitals Committee was unanimously adopted.

LEAGUE OF ST. JOHN'S HOUSE NURSES.

A general meeting of the League of St. John's House Nurses took place at St. John's House on Thursday, May 25th. Owing to the pressure of work the autumn meeting was omitted, and pleasant greetings were exchanged between some members who had not met since the last general meeting, exactly fifty-two weeks ago.

A letter was read recording the death of one of the members, Miss Roberts, who passed away rather suddenly on February 7th of this year. She had been a member of the League for some years, and had been able to attend many of the meetings. Her cheery presence and refreshing enthusiasm will long be missed by those who knew her.

The following resolution was carried, and it was agreed that it should be sent to the Hon. Arthur Stanley, M.P., C.V.O., Chairman of the Council of the College of Nursing, Ltd., and to Major Chapple, M.D., M.P., in charge of the Nurses' Registration Bill.

RESOLUTION.

"That the League of St. John's House Nurses, in general meeting assembled, desires to place on record its conviction that the function of a College of Nursing is educational, not the organisation and discipline of the profession as a whole; further that the proposal of the new College of Nursing, Ltd., to constitute itself the authority for the Registration of Trained Nurses in the United Kingdom is a serious menace to their liberties, as no provision is made for their direct Representation on the Governing Body, and on any registering authority the registered Nurses should have direct and adequate representation.

"The League re-affirms its adhesion to the Bill drafted by the Central Committee for the State Registration of Nurses, in charge of Major Chapple, M.P., in the House of Commons, and is of opinion that its immediate passage into law, as a war emergency measure, is of urgent importance, and should precede the proposals outlined in regard to Nurses' education in the scheme of the College of Nursing, Ltd.

"The League is further of opinion that the proposal of the College of Nursing to examine and certificate women who have not passed through the prescribed course of training required of trained Nurses is calculated to confer a false status on these workers, which will deceive the public, and lower the standing, work, and fees of the accredited members of the Nursing Profession."

There was no Social Gathering, but the money ordinarily expended on Social Gatherings was voted as a donation to the Star and Garter Home for disabled sailors and soldiers.

APPOINTMENTS.

LADY SUPERINTENDENT.

Darlington Hospital and Dispensary, Darlington.—Miss Hilda Morgan was appointed to the post of Lady Superintendent at the Darlington Hospital we reported in a recent issue, informs us that she was trained at the General Hospital, Birmingham, where she was for four years, in addition to her three years at the Midland Hospital for Women.

MATRON.

Cottage Hospital, Fleet, Hants.—Miss Ruth Heatley has been appointed Matron. She was trained at the Bideford and District Infirmary, Devon, and the Royal Infirmary, Manchester, and has held the position of Sister at the Children's Hospital, Cold Ash, and the Harrow Cottage Hospital. She has also had experience of military nursing both at home and abroad.

NURSE MATRON.

Infectious Diseases Hospital, North End, Near Eastleigh.—Miss Mary Lloyd has been appointed Nurse Matron. She was trained at the Prince of Wales General Hospital, Tottenham, London, N., and has had further experience at the Royal Infirmary, Bradford; the Royal Infirmary, Sunderland. She has been Deputy Superintendent at St. George's Nursing Home, Bradford; and Charge Nurse at the Farnham Infirmary.

SISTER.

West Cornwall Infirmary, Penzance.—Miss Ethel M. Earp has been appointed Sister. She was trained at the Royal Albert Edward Infirmary, Wigan, and has been Charge Nurse at the Rock Spa Baths, Llandrindod Wells, and in Auxiliary Military Hospitals. She has also had experience of private nursing and is a certificated masseuse.

LONDON COUNTY COUNCIL.

The Establishment Committee on Tuesday reported to the London County Council that on December 21st, 1915, they agreed that the services of Miss P. F. M. Smallcombe (now Mrs. Bliss), a School Nurse in the Public Health Department, should be retained after her marriage until the conclusion of the war service of her husband, or of the war; that Mr. Bliss has been killed in action, and that they have acceded to a request by Mrs. Bliss that she may be retained on the permanent staff of school nurses, and recommended that this be approved by the Council. We sympathise with Mrs. Bliss in her bereavement. We do not doubt she will summon to her aid the courage which, as one of the Attributes of the Spirit of Nursing, she personated so effectively in the Pageant of Nursing at the Connaught Rooms in 1911.

The Committee also reported that owing to the release for war service of School Nurses in the Public Health Department, arrangements have been made for nurses employed in the schools for the physically defective to be seconded from the Education Officer's Department to the Public Health Department. The Education Committee acquiesced in the adoption of this course.

L.C.C. DECISION UPHELD.

The appeal of Mrs. H. L. M. Dale, trading in the name of Mrs. Wiseman, against the L.C.C., for refusing to register her massage establishment was dismissed by Mr. Graham Campbell at Bow Street on Tuesday, with £25 costs.

NURSING ECHOES.

MISS M. E. ROWELL has sent £1 and "A Constant Reader" 5s. for Nurse N., making a total of £16 5s. We warmly thank all those who have so generously contributed to this fund. Six shillings a week can now be sent instead of 5s. for the whole year, and a little over for a rainy day. It is marvellous how a little practical sympathy makes for human happiness.

At their meeting on Saturday last the Metropolitan Asylums Board sanctioned, subject to the consent of the Local Government Board, the payment of the sum of fifty guineas for the services rendered by the examiners at the April 1916 examination of nurses at the infectious hospitals, allotted as follows:—*Principal Examiner*, Dr. Cuff, 20 guineas; *Assistant Examiners*, Miss Jones, Matron North-Eastern Hospital, 10 guineas; Dr. Caiger, Medical Superintendent, South-Western Hospital, 20 guineas.

The Ranyard Nurses are now well established in London as a most beneficent influence. They form the Nursing Branch of the London Biblewomen and Nurses' Mission. Begun largely as a philanthropic movement, it is now a highly organized association of skilled thoroughly trained workers engaged in nursing the poor in their own homes in various parts of London, and using their influence to uplift the lives of the people. A central and well-equipped storeroom supplies kit, medical stores, and appliances to the nurses. The report for 1915 is full of interesting information. Twenty per cent. of the Sisters and nurses are engaged on war nursing, but the work has been kept going with temporary help, and the effect of the war on the nursing work has been interesting in rather unexpected ways. The work has tended to increase in some cases owing to:—

(a) The fact of several of the Metropolitan Poor Law Infirmarys being closed, and a large number of the infirm patients returning to the districts and becoming the patients of the Nurses. Others who would have gone to the Infirmary remain at home to be nursed. This has been specially noticed in the Lewisham borough.

(b) The doctors, being very rushed, have been inclined to leave more work to the Nurses to do, and several reports state that more important surgical dressings are left to the Nurses than ever before.

The Nurses have naturally found their work complicated by the many other factors connected with the War, such as the sadly increased drinking amongst certain of the women and its effect on the babies and little children left outside the public-house or in neglected homes. There is, unfortunately, little time to be spared by a busy District Nurse for "social work," but one who is known and trusted has often been able to show a mother how great are her responsibilities to her little ones, and more than one home has been transformed by the patient care and teaching of "Nurse." The Committee was asked, in the autumn, to supply evidence to the Advisory Committee to the Board of Control (Liquor Traffic), presided over by Mrs. Creighton, and the Nurses sent interesting facts from their districts.

The organization and staff of ninety-seven nurses costs close on £10,000 a year to maintain, and as there was a deficit on the Ranyard Nurses' Fund of £563 17s., which had to be drawn from the general funds, a little more financial support might well be given by the public to make this branch of the mission self-supporting.

The late Mr. William Philip, of Boynds Keith Hall, Aberdeen, left £1,000 to the Inverurie Town Council, the income to be applied for the maintenance of a qualified nurse for the Burgh and neighbourhood.

The annual meeting of the Norwich District Nursing Association was recently held in the Guildhall at Norwich, at which Canon Meyrick referred to the proposed Nurses' Home in memory of Edith Cavell. He said:—"Such a Home was not yet an accomplished fact, but they must make it so. Many of them subscribed to the Cavell Memorial Fund supposing that Mrs. Cavell's wish would be fulfilled, and that her daughter's memory should still live as long as their district nurses did their work of love. In this way £540 12s. 4d. was collected. But lately very much had happened. They were extremely fortunate in their chairman. Mr. Richard Jewson, anxious to do the best for the sufferers in Norwich, anxious, too, that Mrs. Cavell's wish should be fulfilled, had more than doubled that sum—conditionally. £565 had been promised on the condition that Edith Cavell's name be definitely associated with nursing work. He believed the District Nursing Committee had already asked the chairman of the Cavell Memorial Committee to send a deputation, and for his own part he could not but believe but that Edith Cavell's

name would shine out over the nursing home, and that Edith Cavell's spirit would, while Norwich remained a city, go in and go out with the good nurses, to whom they were all, rich and poor alike, so indebted. Let them on Empire Day recall Edith Cavell's words:— 'Patriotism is not enough.' You may love your city and yet neglect the poor. It is a greater thing to love and tend the suffering in your city than even to glory in your city. To boast of Prussian culture may be patriotic, but such a boast will never build up an Empire like our own, whose foundations are deep set in something nobler and in something more spiritual than patriotism. It was for such a spirit Edith Cavell died; it is for such a spirit our nurses live. It was against such a spirit that the gates of hell would not prevail."

At the recent annual meeting of the Leicestershire Nursing Association, the committee placed on record the debt of gratitude they owe to Mr. W. Hurst and Mrs. Bond and Miss Titley for their untiring exertions, which secured to the association, for 1915, from the National Health Insurance Committee, the sum of £50, in part payment of the salary of superintendent nurses and of establishment charges, in return for value received in visiting shelters and nursing tuberculosis cases in the county. It was also very encouraging to know that this assistance would be continued. Two half-yearly instalments from the Leicester and Leicestershire King Edward VII Memorial Fund for nursing the sick poor in the county of Leicester, amounting respectively to £20 11s. 6d. and £18 13s. 3d., had been received.

The County Council grant for training scholarships was continued in 1915, as formerly, and their work of training candidates as nurses had not therefore been impeded by want of funds, but the difficulty had been to find women from the county to train, owing, apparently, to the great attraction of war work and war wages in vogue at the present time, although there had been a good supply of candidates from other areas.

Mrs. Bond said they owed a deep debt of gratitude to those who carried on the work of district nursing during the war. We are glad to note that Sir Archibald Williamson, M.P., who is on the Council of Queen Victoria's Jubilee Institute, has come to the conclusion that the nursing profession was not adequately paid, and the consequence was that many suitable persons who had the inclination to become nurses were drawn off to other occupations. They must raise the pay if they were to get the right class of women for the work.

A CARDIGAN NURSING HOME, situated in the Cardigan Nursing Home, beautifully situated, has been opened at Bridlington by Mrs. Brumby, who was trained at Hull, and who has had a long experience in general and district nursing.

The new home, it is felt, will be a great advantage to the district. The large and representative company present at the opening ceremony were much impressed with the homely appearance of the wards and rooms, and Mrs. Brumby was the recipient of general congratulations.

To judge from the report of the Finance and General Purposes Committee of Dublin Castle Red Cross Hospital, everyone had a very strenuous time during the recent rebellion, and the Committee, at a recent meeting, expressed their appreciation and thanks for the many services rendered by the medical and nursing staff during the crisis. In the Matron's report, which was read, she explained that when the rush of work began on April 24th, two Sisters and about half the nursing staff were away on leave, as the hospital at the time was very slack; therefore the Matron had to engage five nurses from a nursing home.

Notwithstanding the Matron was short of a good many of her nursing staff, Captain Stanley, R.A.M.C., expressed his admiration for the way in which both the nursing and medical staff carried out the work of the hospital at a time when the greatest strain was put on its resources.

The War Hospitals Supply Committee, Belfast, has sent some bales of hospital equipment to the Matrons of each of the following hospitals:—City of Dublin, Mercer's, Sir Patrick Dun's, and Adelaide, as a tribute of their admiration of the work done by the brave nurses during the recent rebellion. Through shot and shell, and through danger from fire, the nurses stuck to their posts and eased the pain of their patients.

A correspondent, writing in the *Irish Times*, says:—"Among the names of many ladies whose gallantry and devotion during the late disturbances have been mentioned in the Press I have not seen those of the Misses J. and N. Fitzpatrick, of 27, Canal Street. When the fighting began on Easter Monday these two ladies, who belong to No. 2, Dublin County, V.A.D., were cut off from their headquarters, and entered on their work of mercy in this district on their own account. From that time they never ceased, day or night, to render help

to all in distress, generally under fire, and constantly in imminent risk of their lives. They tended the wounded of both sides under fire, bought provisions out of their own slender resources, and distributed them, in localities where bullets were flying thick, to people who must otherwise have been in want, gave food and drink to soldiers in the trenches and elsewhere while firing was actually going on, and helped to find shelter for refugees forced to leave their homes. Later, when matters became quieter and their services were not so urgently required here, they cycled daily to Inchicore, where they attended to wounded Sinn Féin prisoners. For more than a week neither of them snatched more than an occasional hour's sleep in their clothes. The specific instances of their heroism are too numerous to mention, but all officers and men who fought in this locality can testify to cases in which these ladies risked their lives in pursuance of their duty, not once, but many times daily. I speak from personal knowledge, as the Misses Fitzpatrick made my house their headquarters after they were obliged to leave their own."

REGISTRATION IN BRITISH COLUMBIA.

The special correspondent of the *Lancet* in Western Canada reports that:

"A Bill has recently been introduced into the Legislature of British Columbia to divide the nurses of the province into two classes—registered graduate nurses (R.G.N.) and registered household nurses. It does not forbid other women to practise as nurses for hire, but provides considerable penalties for fraudulent assumption of the titles above. The registered graduate nurse is to be a graduate of an approved training school and must have passed an examination in elementary bacteriology, materia medica, anatomy and physiology, dietetics, medical nursing (including contagious diseases), surgical nursing (including gynaecology), obstetrical nursing, and children's diseases. The household nurse passes an oral examination in practical nursing (which will show her manual dexterity, the Bill says), also a written examination on subjects relating to practical nursing care. A recent amendment to the Bill provides that wherever a word signifies the female sex the male shall also be included, so that male nurses are also to be regulated. The intention is to enable the public to decide what nurses are well educated and of good character. The Bill in its present form is crude and hasty and hardly likely to become law."

We should hope not, or it is very improbable that well-educated women will study the comprehensive curriculum and spend three years attaining professional skill in hospitals, if an "oral" examination and manual dexterity is to qualify the "household nurse"—whatever that is—to undersell them at every turn.

THE CARE OF THE SCHOOL CHILD.

THE CARE OF THE EYES.

A lecture on this subject was delivered at the London Day Training College, Southampton Row, W.C., on May 24th, under the auspices of the National League for Physical Education and Improvement.

The lecturer was James Kerr, Esq., M.D., Medical Research Officer to the L.C.C.

He said: Vision influenced all school work and is influenced by it. The expression "sit up," which was heard so constantly in the schools, was an essential requirement, as the eyes of children should always be well away from their work.

In the very young child there existed what might be termed "mind blindness." When the testing of vision of school children was first inaugurated an enormous percentage of the younger children was reported as defective. These figures were entirely spurious. The fact was, not that the young children saw badly, but that they interpreted badly.

It was Dr. Ettie Sayer who discovered that by offering very young children a sweet for every extra test letter seen the defective vision often proved to be that the child had become tired and uninterested.

The inflamed Meibomian glands which occurred in debilitated children, and produced what was known as "stye," should be treated by attention to the general health. Cod liver oil should be given, and frequent doses of fresh milk. Extraordinary results had been obtained from giving a cupful of the latter to a debilitated child in the middle of the morning. It was far better to risk the germs which existed in unboiled milk, to obtain the vitamins so essential to growth, and which was destroyed by cooking.

Keratitis, or inflammation of the cornea, was an indication of inherited disease, though he was inclined to think that the results of syphilis were much exaggerated. It took the form of haziness of vision, and at the same time it was common for deafness to appear, though complete blindness or deafness never resulted. He warned his hearers to be very careful about remarks as to specific disease when visiting, as gross libels were often the result.

Corneal ulcer was often due to abrasion from dust, and more cases occurred in May, June and July than in all the rest of the year together.

This condition was found in youth and old age when there was little resistance to germs. It was of first importance to preserve the immunity of the child and a constant struggle should be made to maintain its nutrition. In children the commonest injury to the eye was that inflicted by undoing boot laces with a fork. An injury of this nature would necessitate the immediate removal of the eye, or it would probably cause sympathetic ophthalmia of the other eye and total blindness would probably result. Many were blinded in the present war for want of immediate operation.

At night would often be caused by clawing at it; this would require instant care.

Children had a short eyeball, and needed much more accommodation of vision than an adult.

The stretching of the eyeball in the young caused myopia.

In the Secondary School period, all near work and fine work was bad. If very young children's eyes were observed while intent on fine near work the majority would be found to squint while so employed, and one eye only used. As large an area of the brain was employed to control the muscles of the eye as those of the thigh, so it would be seen that these children were straining an enormous area of brain.

The kinema for young children called for legislation and the headache it produced was more common than all the other causes of headache put together. It was caused by the children having to look upward for a considerable period.

Infant schools ought to be brighter and better lighted than any other part, and all fine work, pens, paper and needles excluded.

Once the back of the eyeball had yielded there was no hope for the myopic child; any change would be for the worse. It was simply wicked to give a high myopic near or fine work.

In his opinion not half the glasses ordered for children were required.

Many children were using glasses to work with, when instead the work should be arranged to suit their vision. Good feeding was essential, and debility avoided at all costs, then 10 per cent of bad vision would be diminished.

FIRST-AID LECTURES IN FRENCH.

Another course, lasting about a month, of First-Aid Lectures is being organised by the French Red Cross, Comité de Londres, at the French Hospital, Shaftesbury Avenue, to commence at the beginning of the month of June.

The lectures are delivered in French by a well-known doctor—a member of the staff of the French Hospital.

This will enable ladies who intend to take up Red Cross work in France an excellent opportunity to keep up and improve their French and acquire at the same time a preliminary knowledge of the science of bandaging and dressing wounds.

For full particulars apply to Madame Girard, French Red Cross, 9, Knightsbridge, London, S.W.

PRIZE ESSAY.

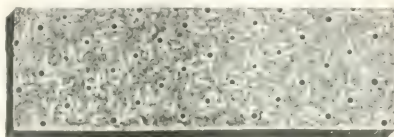
The Royal Sanitary Institute, 90, Buckingham Palace Road, London, W., offer a prize of £50 and the medal of Institute for the best Thesis, setting out a complete and practical scheme for Maternity and Child Welfare Work, suitable for adoption by local authorities. The Thesis to consist of not more than 6,000 words, to be delivered on or before September 1st, 1916. Two competitors may join in sending in a Thesis. Further information may be obtained from the Secretary of the Institute.

PRACTICAL POINTS.

New Splint Material.

Perfofelt, which is described in *The Modern Hospital*, is the name of a splint material which has recently been put on the market. This material is a chemically treated wool felt. The chemical treatment renders it rigid and board-like, and it is claimed that the rigidity is retained indefinitely. It becomes soft and pliable when immersed in hot water, but immediately begins to harden after it has been moulded to the part, and the moulded form is retained perfectly. The validity of this claim has been verified by the writer.

Perfofelt is made in two thicknesses— $\frac{1}{8}$ in. and $\frac{3}{8}$ in. The lighter material is suitable for hand, forearm, foot, and ankle dressings, while the



PERFOFELT. A NEW SPLINT MATERIAL.

heavier affords ample support for fractures and injuries to the long bones. The superiority claimed for this splint material over anything heretofore used in felt is its ventilation. It is perforated to the extreme limit that will not weaken or diminish its rigidity and retaining power, which provides for the radiation of inflammatory heat, which is so essential to physiological rest and repair. Another advantage possessed by this splint material is that it may be remoulded and readjusted to the varying changes of contour and size during the process of repair. The material is furnished in a sterile covering, and the makers claim that it can be kept sterile or resterilized by hot water. The X-rays penetrate the material perfectly, and therefore it is not necessary to remove the dressing when X-ray examination or skiagrams are to be made. The material can be procured from surgical supply houses, or from the National Perfofelt Company, Knoxville, Iowa.

The *American Journal of Nursing* quotes the following interesting points:—

Treatment of Ringworm.

A writer in the *Journal of the American Medical Association*, says a simple and efficacious method of treating ringworm of the scalp or body is to shave the part, if necessary, clean it with ether, and apply 50 per cent. tincture of iodine. The infected area is then frozen with ethylchloride. One treatment suffices for body ringworm; two or three for ringworm of the scalp.

Pneumonia.

In a report of discharges of pneumonia in the same journal, it is stated that to relieve the high temperature, in addition to the usual hydrotherapeutic measures, benefit had been obtained from wrapping the hands and arms to the elbows, and feet and legs to the knees, in wet cloths covered with dry cloths, for twenty minutes three or four times a day. Cold, fresh air is recommended in croupous pneumonia as better than any drug. "It is hard on the nurse, but it is life to the patient." Cotton jackets and poultices are said to be remnants of barbarism.

Iodine for Typhoid Carriers.

A German authority, quoted in the *Medical Record*, says that iodine in combination with charcoal will free the stools from typhoid bacilli very promptly. From 8 to 15 minims of tincture of iodine is given in a glass of water from three to five times a day, wood charcoal in teaspoonful doses being given at the same intervals. Discharge of bacilli in the urine may continue for a considerable time, but this can be speedily arrested by the administration of hexamethylene.

BOOK OF THE WEEK.**"THE GAME OF THE TANGLED WEB."**

It is long since Miss Nethersole has enchanted us with one of her delightful tales, and we hail with pleasure her new venture. She finds her natural element in simple folk and country ways, and a little village in Kent and the doings of the "House" form the basis of this her latest tale. One would not look for involved circumstances in these peaceful scenes, but it is the unexpected which happens, and certainly the lives of Prunella Holdworthy, the lady up at the House, and the Squire of the village had their full share of complications.

"When Pinner Gryll came to St. Crispin's Parsonage to stay with his father's cousin, he was home from India on his first leave. It seemed to him as if the very spirit of spring materialised when he first saw Prunella Holdworthy standing in a bed of white anemones with the sunshine filtering through young green on to her bare head."

He married her and then India called him, but the House and the village held Prunella and she refused to accompany him.

Then came the birth of the boy, young Pinner, and a visit from his father.

"Already the consort collar was beginning to rub his neck. The village showed how it welcomed him back but as the Squire's husband, and now it would be as the young Squire's father."

Two years later the death bell tolled.

*By S. C. Nethersole. Mills and Boon, Ltd., London, W.

"Bin one of ourn," said a woman drearily, "we must ha waited till mornin'; it's only for the quality th' bell goes out after eight at night."

"Th' little feller's dead, then," they told each other, and peered curiously through the dusk to catch sight of the many windows of the House."

Prunella's old nurse, married to Zachary Stuppel, the tailor, announced "Now th' little feller's dead I'll be goin' to th' House. She'll want me."

"What'll she want ye for this time o' night?" he grumbled.

"Her an' me'll lay th' little feller forth," she answered baldly."

Her daughter resented this.

"An' they haven't wanted you all day. They got fine lady nusses down from London to keep th' breath in his body as long as they could."

Mrs. Stuppel set forth muttering to herself.

"See'd there was no 'ope s'mornin', I did. When they sez there was, I sez there wasn't. Little feet was cold spite o' fussin' with hot water bottles an' sichlike. Took and putt 'em agens my face, I did; unbuttoned my gown an' putt 'em inside my breast and cuddled 'em there. But 'twarn't no manner o' use."

Afterwards the child's mother fell in a heap at the old woman's knee.

"Stuppel, I can't go on. He was all I wanted, every bit."

In the desolation that followed Prunella conceived the idea of adopting a gipsy baby, and "turned her mourning for the dead into a lullaby for the living."

"Be happy with me and I'll make you a bed as soft as the lining of a bean pod," she crooned.

She carries out her intention and the child of a wild, lawless poacher is brought up as her heir.

The weak spot in the story is that though these facts were well known in the village, her cousin and lawful heir, Andrew Holdworthy, is quite unconscious of the deception, and also young Corban grew to manhood without anyone enlightening him as to the facts of his birth.

Prunella endeavours to satisfy her conscience by bringing about a marriage between her adopted son and gentle little Ann, Andrew's daughter.

Young Corban early displays proofs of his low origin, and though plighted to Ann, turns to beautiful Jess, the grandchild of old Stuppel.

Certainly it was a tangled web that Prunella's deceit wove for her.

Shortly after Corban comes of age the drunken talk of the gipsy father brings the real facts to light, and in his anger and disappointment he marries Jess and reverts to his natural element.

For the rest we must leave it to our readers to discover the ending of Ann's love affairs, the fate of Prunella, and of many other interesting characters whom we have not had space even to introduce.

We can confidently recommend this as a story full of charm, romance, and delightful description.

H. H.

"A HYMN OF LOVE TO ENGLAND."

A song of love is a song of God
 Some there be that sing it—
 See them sing it loud and long.
 We lift our hearts to a loftier song;
 We lift our hearts to Heaven above,
 Singing the glory of her we love—
 England!

Glory of thought and glory of deed,
 Glory of Hampden and Runnymede;
 Glory of ships that sought far goals,
 Glory of swords and glory of souls!
 Glory of songs mounting as birds.
 Glory immortal of magical words;
 Glory of Milton, glory of Nelson,
 Tragical glory of Gordon and Scott;
 Glory of Shelley, glory of Sidney,
 Glory transcendent that perishes not—
 Hers is the story, hers be the glory,
 England!

Shatter her beauteous breast ye may;
 The spirit of England none can slay!
 Dash the bomb on the dome of Paul's,
 Deem ye the fame of the Admiral falls?
 Pry the stone from the chancel floor,
 Deem ye that Shakespeare shall live no more?
 Where is the giant shot that kills
 Wordsworth walking the old green hills?
 Trample the red rose on the ground—
 Keats is beauty while earth spins round!
 Bind her, grind her, burn her with fire,
 Cast her ashes into the sea;
 She shall escape, she shall aspire,
 She shall arise to make men free!
 She shall arise in a sacred scorn,
 Lighting the lives that are yet unborn;
 Spirit supernal; splendour eternal,
 England!

BY AN AMERICAN WOMAN.

COMING EVENTS.

June 3rd.—Irish Nurses' Association: Meeting Executive Committee. 34, St Stephen's Green, Dublin, 8 p.m.

June 8th.—Society State Registration of Trained Nurses: Annual Meeting, West Lecture Hall, Royal Society of Medicine, 1, Wimpole Street, London, W. 4 p.m. After the meeting, tea at 2, Portland Place, by the kind invitation of Mrs. Walter Spencer.

June 14th.—Leicester and Leicestershire Midwives Association Meeting at Loughborough, by invitation of Nurse Warren. Address on "Serving Women" by Miss G. A. Rogers.

A WORD FOR THE WEEK.

"Work thou for pleasure. Paint or sing or carve
 The thing thou lovest, though the body starve.
 Who works for glory misses oft the goal;
 Who works for money coins his very soul;
 Work for work's sake, then, and it may be
 That these things shall be added unto thee."

LETTERS TO THE EDITOR.

Whilst cordially inviting contributors to send upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A FEW HOME TRUTHS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I have read with amazement in your issue of this week the letter signed "V.A.D." First, I should like to ask why these arrogant ladies call themselves V.A.D.'s? The V, I believe, stands for voluntary, whereas I believe they are all in the receipt of salaries.

In the letter the writer hopes she is neither snobbish nor insolent, the whole tone of her letter is distinctly so, and it can only have been written by one utterly ignorant of the ways and habits of the professionally trained nurse. If she could only ask some of the wounded and suffering men back from the Front what their feelings about the V.A.D.'s are, it would probably take some of the "insolent snobbishness"—I use her words—out of her.

Nothing could prove better, to the mind of a patient who has experience of both, the value of the professional trained nurse over the V.A.D. than "V.A.D.'s" letter.

Yours obediently,
 AN OLD SOLDIER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—May I, through the medium of your valuable JOURNAL, reply to "V.A.D."?

She seems to be under some misapprehension as to our claim for the inauguration of State Registration. It is not, to my knowledge, the registration of "Class" we need, but of "Capability." If one goes to a theatre to be entertained, one does not ask from whence the players came, but can they act. Is it not so with the Nursing profession? The one great point to be considered is whether the nurse has the technical knowledge and ability to carry on the science of Surgery and Medicine.

"V.A.D." is to be pitied and has yet much to learn if, from her few months' experience in Egypt, she has come to the conclusion that the trained nurse is a product of the slums. It is a bold assertion and a sweeping condemnation on such a noble profession. But we will be lenient with her, as her experience has been so limited. It is a pity that we have not all been afforded her apparently superior education which has evidently enabled her with such rapidity to understand and put into practice the knowledge which, up to the present time, the average probationer has taken three or four years to acquire. Personally, after eight years' experience, three of which have been spent in the Operating Theatre, I find how limited is the experience of a three years' training. Does

"V.A.D." realise how many of the best years of her life the trained nurse has given to the cause, when, without the glamour of war and war heroines, she quietly performed her duties to suffering humanity? Did the civil hospitals close their doors at 8 p.m. and re-open them at 9 a.m. we might also have shone in that social sphere to which "V.A.D." belongs, and thereby acquired the art of personal fascination which seems to speak so loudly for the preference of the V.A.D.'s amongst the doctors and patients. No, we were helping some poor sufferer through the weary night hours.

Familiarity! Surely "V.A.D." mistakes this for wholeheartedness in the welfare of the "case," not the individual. Taking the Profession—or should I say Calling—as a whole (of course, there are black sheep in every sphere of life), the life of a trained nurse is one of self-sacrifice.

Money. Does "V.A.D." know the remuneration of a civil hospital Sister? and if so, does she imagine that without private means the majority live on it? My experience is otherwise.

The trained nurse has for years been agitating for Registration in the interests of the public at large and long before this present war brought the very commendable V.A.D. into existence. While we appreciate the valuable services this body has rendered, we still contend it is outside the pale of the trained nurse.

Yours truly,

E. IDDON.

1st Southern General Hospital,
Birmingham.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think it would be well for "V.A.D.," whose highly seasoned letter appears in our professional journal this week, to realise (1) that she is not a real "upper," as many of the V.A.D.s are, or she would not be devoid of gentle feeling; and (2) that in any scheme of registration we support, neither V.A.D.s nor any other class of untrained or uneducated women can be included.

Such an impertinent letter could only have been written by an uncultured woman, no matter what class she represents.

Sincerely yours,

JEANE H. MACDONALD,
Member R.N.S. and
Society for State Registration of Trained Nurses.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad a "V.A.D." reads our journal, but she should have had no doubt that her deliciously refreshing letter would have been published. I hasten to agree with her where she wishes to be just, for I have it on excellent authority from patients that it is most disconcerting to them to find themselves under the care

of young, untrained women, and from their account no amount of good looks makes up for their ignorance.

However, what I wanted to ask is, Why V.A.D.? I have heard it stated that these girls are very well paid, if so, of what quality the volunteer? Why not P.A.D.?

Yours faithfully,

M. V. W.

Sunderland.

We have received a dozen more letters on this question.—ED.]

THE REGISTRATION OF V.A.D.S.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I, through the medium of our JOURNAL send a few words of sympathy to a "Nerve Wreck" from a fellow-sufferer? I belong to a Women's Club in London, and have been asked by the Secretary not to enter the dining-room in nurses' uniform. Imagine my surprise last week to find myself seated at the next table to a lady in a scarlet dress, nurse's blue bonnet and flowing veil (not regulation), apron and all complete. After dinner I enquired if the rule had been abrogated, and was told, "That was a Commandant, a lady of title, she is in the King's service and has a right to wear her uniform where she pleases." How is that for justice? The trained professional woman may not wear her own uniform, whilst the law protects the untrained woman who adopts it. It is indeed high time we workers helped to make the laws. I wonder what happened to that poor nursemaid Noales, run in for breaking a law which she probably knew nothing about?

Yours truly,

TIRED OF TYRANNIES.

This letter has been held over. We reported last week Edith Noales had been sentenced to a month's imprisonment with hard labour.

OUR PRIZE COMPETITIONS.

June 10th.—What is Trachoma: how is it best treated and cured?

June 17th.—Mention the principal symptoms of nervous exhaustion, and the nursing care of a patient suffering from it.

June 24th.—Describe the methods principally employed to apply artificial heat to a collapsed patient and how you would proceed.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

THE EAST END MOTHERS' LYING-IN HOME.

The annual meeting of this wonderful institution took place on Wednesday, May 17th, and, like everything else connected with the Home, was a great success.

Dr. Owen Lankester was in the chair, and the speakers were Mrs. Hudson Lyall, Father Bernard Vaughan, and the Very Rev. Dean Ring.

As usual, the wards were delightful, the bright sunshine showing them up to the very best advantage. There were mothers and babies in plenty, cheerful, happy mothers and the babies looking sweet in the little white swing cots. One mother proudly showed her tenth baby. "Every one of 'em born in the 'Ome," and if "every one of 'em is as beautiful and well cared for as number ten, it is no wonder that she was proud."

Miss Anderson has another good record for the year. Out of more than

1,700 women delivered, only one died, and that death was from causes other than maternal.

Mrs. Hudson Lyall gave some interesting and instructive, if rather terrible, statistics. She strongly urged the support of the Home and kindred institutions where mothers are taught what motherhood really means, and where the babies are given a fair start in life. The mothers of to-day must be made to realise that they have a duty not only to themselves and their own children, but to the nation, for the numbers of babies who die in a week are greater than those of the men being killed in battle.

Dean Ring was unstinting in his praise of Miss Anderson and her splendid work amongst the poor women of East London. He spoke of the

tremendous power for good the Home exercised upon mothers. Not only those of the neighbourhood, but mothers all over the world, for the nurses are trained not only to become skilful midwives and competent nurses, but to be ministering angels in the very truest sense of the word to their time of need.

Father Bernard Vaughan spoke forcibly of the declining birth rate and pointed out the duty of

parents if they wish England to remain the England she has been and is.

With a cordial vote of thanks to Mrs. Hudson Lyall, proposed by the Chairman and seconded by Dr. Corner, the business part of the meeting ended. A dainty tea brought a most successful annual meeting of a most successful institution to a close.



A NEW WAY OF BATHING THE BABY.

A NEW WAY OF BATHING THE BABY.

The Outlook for May 10th publishes the illustration which we here reproduce of a method of bathing the baby by spraying it with warm water. It is the method used in the new home of

the New York Nursery and Child's Hospital, and the principal practical point to be observed in connection with it is that by using the spray the danger of infection involved in the use of the bath tub for many children is avoided. This danger is one which is not always appreciated but nevertheless it should be borne in mind whenever the same bath is used for many children. It must be remembered that congenital syphilis does not at once manifest itself, yet, after a bath has been used for infants so infected, more than ordinary cleaning is necessary to make it safe.

At the Glasgow Lock Hospital, it is a routine practice to boil the rubber plug at the bottom of the bath, which is most likely to be contaminated by gonorrhoeal discharge from the child.

ANTE-NATAL HYGIENE.

Lady Barrett delivered a lecture on Ante-Natal Hygiene at the College of Ambulance, Vere Street, on May 10th, under the auspices of the Infant Welfare Association.

The lecturer said she was glad to see that her audience contained so many nurses and midwives. Even the youngest there would recognise that ante-natal hygiene was a very modern note. Why was it necessary? Because of the loss of infant life and maternal life from preventable causes. In both cases an enormous proportion could have been saved if the causes which led to their death had been recognised in time and treated. Premature birth, specific diseases, atrophy, marasmus, in the infant could be traced to preventable causes.

The lack of resistance in the first year of life was stated by Dr. Newsholme to be due to its previous malnutrition, which referred to its ante-natal existence. With regard to maternal deaths, there was hardly one that could not have been prevented if taken in time. Every midwife should ask herself when first engaged, "Am I dealing with a perfectly normal case?" It was of the first importance "to know when you don't know" and to call in expert advice. Ante-natal clinics should help midwives enormously, and she felt that midwives had not welcomed them as it had been hoped.

The greatest valuable experience was gained after being qualified, and if midwives would go with their patients to the clinics they would always be getting valuable instruction. These clinics were all to the advantage of the midwife for there they could get advice without the risk of losing their patient. All difficult cases should be able to obtain expert advice. It was the duty of the midwife to call in the general practitioner, who, in his turn, could obtain a specialist if necessary. In the vast majority the saving of a life depended on taking the first step, which fell to the part of the midwife.

Puerperal fever the lecturer instanced as illustrating the value of ante-natal care. Though no doubt, many women were exposed to infection from which no bad result followed, the ill-nourished, overworked woman would be more likely to succumb. Besides the actual saving of life, the preserving of health of the mother for future pregnancies, and for the efficient discharge of all home duties, was all important.

The lecturer concluded her lecture by urging the gospel of cleanliness of person and the wearing of suitable clothes. Abdominal belts, when necessary, she considered ought to be provided in the pregnant state in the same way as any surgical appliances were provided for other conditions.

The next examination of the Central Midwives Board will be held in London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne on June 19th.

THE NEED OF WELSH SPEAKING MIDWIVES.

Mr. G. Arbour Stephens in a letter in the *Western Mail* draws attention to the very great need of Welsh speaking midwives, in the hope that something may be done to meet it.

He writes:

"There are many Welsh women who are by practice quite capable of doing the work of midwives, but owing to the fact that they are required to attend lectures and pass examinations in midwifery in the English language they are unable to qualify themselves.

"At the present time, when doctors have their hands full, the problem becomes very pressing, and I think we in Wales ought to have a Welsh Midwives' Board for the control of the education and examination of candidates.

"Three years ago I tried to induce the authorities of the Welsh University to take an interest in the education of nurses in Wales, and by issuing a diploma help thereby to standardise the qualification throughout the Principality.

"For reasons which I could not appreciate the authorities refused, preferring to remain the Welsh University rather than the University of Wales.

"Unsympathetic methods have brought the Welsh University to its present miserable condition, which has necessitated an investigation into its work by the recently-appointed Commission.

"What is the remedy?' is the question that naturally arises, and I would suggest that as the Insurance Commissioners have to do with the medical treatment of the people they might also deal with their nursing.

"This can be done by their appointing a small committee to act as a Welsh Midwives' Board, or, rather, a Welsh Nursing Board, whereby its functions might be made to embrace all nursing matters connected with the Principality.

"There are several places in Wales where nurses are trained, but at present there is nothing to act even as a connecting link between them. Under such a Nursing Board, however, matters could be arranged whereby part of a nurse's training should include district and midwifery work, and in this way help to solve the problem of nursing in the more outlying districts."

The suggestion to make the Insurance Commissioners the authority on nursing and midwifery matters in Wales is obviously impracticable as the issues involved are much larger than the care of insured sick and maternity patients. So far as midwifery is concerned it must be remembered that a very limited number of examiners could lecture in Welsh, and so far as we know no text book on midwifery is published in that language. If, therefore, midwives are to have adequate instruction they must understand English, though we are of opinion that if their patients speak only Welsh it is important that the midwives should be able to speak to them in their mother tongue.

THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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EDITORIAL.

THE CARE OF THE INFIRM SICK.

The aim of the science and art of nursing is fundamentally to make the patient comfortable. While therefore theory and practice go hand in hand in the training of a nurse, and each is important in its degree, the skilful handling of the sick person, the performance of offices which the helpless patient cannot perform for himself, the preservation of the body afflicted by disease in a condition of cleanliness, its nutrition by suitable food, deftly administered, the cultivation of gentleness and tenderness in dealing with all sick persons, the maintenance of hygienic surroundings, these are basic principles upon which alone good nursing is founded. Aptitude in the dressing of wounds, skill in bandaging, and other duties which really are a part of minor surgery, all these are good, and instruction in these duties is indeed a necessary part in the training of a nurse, but without the qualifications above enumerated she can never achieve excellence.

Viewed from this standpoint, nowhere is the clinical experience necessary for the attainment of real nursing skill more available than in poor law infirmaries, where are congregated the halt, the maimed, the infirm, the blind, all that pathetic army with which life has dealt hardly, and flung upon the care of the poor law in sickness and old age, not necessarily from any fault of their own.

It is often supposed that these patients need little skilled nursing. This view was indeed expressed by a member at a recent meeting of the Oldham Board of Guardians (Mr. Simister) who stated that 90 per cent. of the patients in their hospital did not require nursing, and also that there was

no necessity for much supervision over cases of senile decay and old age.

Mr. Elias, one of the Local Government Board Inspectors, who was present, said that he was afraid Mr. Simister did not appreciate the need of the patients in hospital. He was sure it was quite untrue to say that 90 per cent. did not need nursing. The Local Government Board considered that senile decay cases, and those of aged people were those which required most treatment and could not be lightly dismissed.

Take also the cases of paralysis, often heavy patients, lying helpless day after day, having a change of position only when moved, considered by many people dull and uninteresting. Even that depends much on the intelligence of the nurse, for the scientific interest of these cases is often considerable. But how about the human interest? If the aim of a nurse is, as it should be, the relief of human suffering, she could scarcely have any object on which better to practise her art than on a case of chronic paralysis. It is no small achievement to keep such a patient dry, comfortable, and warm, for the disease often causes a loss of control necessitating the frequent changing of the patient. The preservation intact of the skin, which, owing to the patient's condition, is usually ill-nourished and difficult to preserve over points where pressure occurs; to perform the necessary duties with respect for the feelings of the patient; to surround him with an atmosphere of serenity, making due allowance for the irritability and the depression resulting from the disease; to be quick to interpret the needs which the indistinct speech obscures—all these are tests of the true nurse, and her tenderness to such helpless patients will be the gauge of her vocation, and will earn for her the gratitude of many who cannot express it in words.

OUR PRIZE COMPETITION.

WHAT IS TRACHOMA, AND HOW IS IT BEST TREATED AND CURED?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Trachoma or granular conjunctivitis is one of the most persistent diseases which attack the conjunctiva, the delicate membrane lining the eyelids and front surface of the eyeball. The two distinctive characteristics of this form of inflammation are the granulations—semi-transparent greyish elevations of varying sizes which occur on the eyelid conjunctiva and the subsequent scarrings—the cicatricial formation which distinguishes this disease from the acute purulent conjunctivitis with which it has been sometimes confused. Trachoma is met with in an acute and chronic form. In the acute form granulations are readily seen on everted the eyelids, the conjunctiva is much swollen, the eyes constantly watering, and more or less sensitive to light. Pain is sometimes very great, which is relieved after the catarrhal condition, which ensues after the first week or so, and which appears to subsequently absorb the granulations. An acute case usually clears up in a month's time if favourable from the beginning, or an unfavourable case may result in a chronic condition. The acute symptoms subside, but the granulations still remain, and may persist for many months or years, in spite of continued treatment. In the chronic form there is often considerable drooping of the eyelids, the conjunctiva may have a dry, shrivelled appearance. This contraction may lead to ingrowing eyelashes; the cicatricial contractions are seen on the borders of the lids as parallel white lines. In severe long-standing cases, a condition called pannus may result, affecting the cornea, which is brought about by the extension of the granular inflammation from the conjunctiva to the cornea, which may lead to complete opacity.

The treatment of trachoma is both preventive and curative: that is to say, that while local treatment is being applied, the hygienic conditions of the patient should be attended to and improved, and the general health built up with nourishing food and open-air exercise, as this disease usually occurs, or at least originates, in populous districts where unhygienic conditions abound. It is sometimes met with in a chronic form amongst school children, when they must be excluded from school and treatment systematically carried out. The disease is contagious, and the patient should sleep

alone, and have towel, sponge, &c., for his sole use. The local treatment in the acute case is to daily bathe and wash the eye with boracic acid lotion, and a solution of acetate of lead (2 gr. to 1 oz.) is usually painted on the everted lids once daily; where there is a great deal of purulent discharge, weak nitrate of silver solution (5 gr. to 1 oz.) may be ordered.

In the treatment of chronic cases, sulphate of copper ointment is most generally used, applied twice weekly. Where the patient is intolerant of pain, it is sometimes ordered to drop cocaine into the eye, one drop before and after the ointment is applied. It is important that the glass rod used should get well into the fold of the eyelid, and this is more easily accomplished with a child patient when cocaine has been used to relieve the nipping pain of the ointment. For a radical cure the operation of excising portions of the granulated conjunctiva is sometimes advocated.

In the case of school children, the treatment should be carried out at a school clinic or outpatient department, as it is impossible, or nearly so, to ensure the necessary care and cleanliness as regards ointments and appliances, which should be sterilized and kept for the patient's separate use, though home treatment is sometimes resorted to successfully.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss F. Mahoney, Miss V. James, Miss L. Browning-Stacey, Miss I. C. Higginson, Miss M. Bagshaw, Miss J. Thompson.

Miss F. Mahoney writes:—The lids may be painted with nitrate of silver. Begin as follows:—Evert the lid by using the human probe, which is the index finger, by asking the patient to look down. Now stand behind him, place the left index finger on the upper lid; with the right index finger and thumb take the lashes, draw down, and turn the lid back quickly but gently over the human probe. Now gently swab away any discharge, and take a fine camel-hair brush and gently paint the lid with the lotion prescribed, taking care not to touch the external surface, otherwise it will produce a black stain. Three minutes afterwards, carefully irrigate with a solution of normal saline. As the treatment is rather drastic, the instillation of one drop of cocaine with one drop of castor oil will ease the pain wonderfully. Each night the lids must be smeared with a little ung. hydrarg. ox. flav.

QUESTION FOR NEXT WEEK.

Mention the principal symptoms of nervous exhaustion, and the nursing care of a patient suffering from it.

BIRTHDAY HONOURS AND THE NURSING PROFESSION.

His Majesty the King has been pleased to approve of the award of the decoration of the Royal Red Cross to the undermentioned ladies in connection with the Birthday Honours (1) for distinguished service in the field; and (2) in recognition of valuable services in connection with the War.

The inclusion of so many members of the nursing profession (516) in the Birthday Honours' list is a unique event, and we most cordially congratulate those Matrons, Sisters and Nurses who have earned this distinction, while we bear in mind many others whose splendid work merits recognition. It is with pleasure also that we note the names of many distinguished nurses from our Dominions beyond the Seas who are serving King and Empire both on active service and in the Mother Country.

THE ROYAL RED CROSS, FOR DISTINGUISHED SERVICE IN THE FIELD.

FIRST CLASS

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Matrons: Misses J. E. Dods, S. Lamming, L. E. C. Steen; Sisters, Acting Matrons: Misses L. Belcher, S. K. Bills, H. M. Drage, C. M. Gambardella, M. E. M. Grierson, I. D. Humfrey, M. E. Medforth, D. M. C. Michell, M. E. Neville, F. N. Roberts, H. Suart, M. B. Williams. QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Sisters, Acting Matrons: Misses M. E. Howell, J. Orr, A. L. Wilson, A. J. Williams, H. Whiteford (Sister).

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.—Miss C. L. Warrack (Senior Nursing Sister).

TERRITORIAL FORCE NURSING SERVICE.—Sisters, Acting Matrons: Misses M. A. Brown, E. M. Newton.

AUSTRALIAN ARMY NURSING SERVICE.—Miss E. A. Conyers (Matron-in-Chief), Mrs. J. McHardie-White (Principal Matron).

CANADIAN NURSING SERVICE.—Matrons: Misses E. M. Charleson, A. C. Strong, B. J. Willoughby, E. M. Wilson.

NEW ZEALAND NURSING SERVICE.—Matron: Miss M. M. Cameron.

ORDER OF ST. JOHN OF JERUSALEM AND BRITISH RED CROSS SOCIETIES.—Miss C. Todd (Matron).

AMERICAN NURSING SERVICE.—Miss M. I. Patten (Matron).

(SECOND CLASS.)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Sisters: Misses A. C. Mowat, G. H. Seller; Staff Nurses, Acting Sisters: Misses W. Halloran, C. E. A. Harries, N. Parke, G. F. Parkinson, M. E. Stewart.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Sisters: Misses M. Davitt, K. Rogers, A. L. Stuart, F. H. Thomas,

E. G. Wraxall, L. E. Jolly (Acting Sister); Staff Nurses: Misses I. J. Baddeley, E. B. Bagnall, B. Coltman, D. M. de Kock, K. M. Fawcett, M. Fox, J. Fraser, M. J. Kirkpatrick, F. Meyer, M. Munn, E. V. Pearce, K. E. M. Rossi, E. Russell, E. Walsh.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE (RESERVE).—Miss L. A. Tabor (Staff Nurse).

TERRITORIAL FORCE NURSING SERVICE.—Sisters: Misses J. Arthur, G. Budman, F. Crowder-Davis, E. C. Lister, M. L. A. Longmore, M. Mitchell, K. Todd; Staff Nurses: Misses J. Fairgrieve, L. Heck, M. E. Masterton, C. J. Miller, E. Mundy, E. J. Seaton, J. Simpson, M. D. Thompson.

AUSTRALIAN ARMY NURSING SERVICE.—Sisters: Misses E. S. Davidson, A. G. Douglas, J. B. Johnson.

CANADIAN NURSING SERVICE.—Sisters: Messrs. M. K. Douglas, M. E. Gardiner, M. M. Goodeve, S. M. Hoerner (Nursing Sister), C. I. Scoble.

NEW ZEALAND NURSING SERVICE.—Miss V. McLean (Sister).

CIVIL HOSPITALS RESERVE.—Miss I. B. Grassick (Acting Sister).

IN RECOGNITION OF VALUABLE SERVICES IN CONNECTION WITH THE WAR.

(FIRST CLASS)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Matrons: Misses M. M. Bond, G. E. Larner (retired list), I. G. Willetts. Sisters, Acting Matrons: Misses A. B. Cameron, J. M. Clay (retired list), S. Smyth, M. E. Steele (retired list), A. Willes.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE, RESERVE.—Matrons: Misses M. E. Davies, M. F. McCord. Sisters: Misses H. Burton, F. Epton, E. W. Gray, I. Lovett, E. C. McGill, H. G. Miller.

TERRITORIAL FORCE NURSING SERVICE.—Principal Matrons: Misses E. C. Barton, R. E. Darbyshire, J. Purves, E. Smale. Matrons: Misses H. M. Cottam, L. G. Dalton, A. H. Kerr, K. G. Lloyd, E. N. Northover (Assistant), M. Pimsent (attd. Q.A.I.M.N.S. Res.), M. S. Rundle, M. Sinclair, I. Turner (attd. Q.A.I.M.N.S. Res.).

AUSTRALIAN ARMY NURSING SERVICE.—Mrs. J. McH. White (Principal Matron). Miss E. Gray (Matron).

CANADIAN CONTINGENTS.—Miss M. O. Boulter, Matron (Assistant Matron-in-Chief).

NEW ZEALAND NURSING SERVICE.—Miss A. Tombe (Matron).

NURSING STAFF OF MILITARY AND WAR HOSPITALS.—Misses E. L. Flangan (Matron), M. Macrae (Matron).

NURSING STAFF OF CIVIL HOSPITALS.—Misses E. Barry (Matron), M. F. Bostok (Matron).

BRITISH RED CROSS SOCIETY.—Lady Perrott.

(SECOND CLASS.)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.—Sisters, Acting Matrons: Misses E. L. McAllister, E. M. Monck-Mason (re-

tired list), A. A. Steer. Staff Nurse, Acting Matron: Miss F. Macpherson. Staff Nurses, Acting Sisters: Misses C. E. Bray, C. I. Griffin, C. M. Hodson, D. F. Mudie, V. S. Newman, E. E. O'Connell, E. Shafer, G. C. Smith.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).—Assistant Matron: Miss I. Kemp. Sisters, Acting Matrons: Misses M. Flynn, M. A. Forbes, D. R. Lewis.

Sisters.

Misses M. E. Alexander, D. A. Ansell, C. K. Baillie, M. C. Barns, M. H. Barrett, A. Beaumont, E. G. Bennett, K. L. Bigg, F. L. Billerby, C. Black, E. Bolland, E. M. Bowes, M. Brebner, A. Breese, H. Brocklehurst, R. E. Brunskill, A. M. Carter, E. Cubley, E. A. Dawson, D. Deacon, G. V. Deakin, M. O. Eccles, J. P. T. Ellis, A. M. Ensell, M. A. Franklin, E. Gordon, G. Hawkins, J. Helps, C. E. Houlson, A. E. Humphries, E. James, E. Kay, E. S. Lett, F. M. Marsh, M. Martin, J. W. McEwan, A. McLean, T. M. C. McMahon, M. C. A. Michell, E. H. Moore, R. McMi. Munro, J. J. Nawn, J. M. S. Nelson, E. Norman, F. Ockelford, C. Pearce, M. Percival, R. Plumtree, A. M. Purcell, E. Roberts, M. Ross, B. Reynolds, D. Rothery, L. Rutter, F. E. Searle, N. L. Sibley, H. H. Smith, E. M. Sparks, D. Stevens, E. C. Sutton, E. G. Swan, M. Taylor, E. M. Thacker, A. Thomas, M. B. Thomson, B. D. Turner, A. M. Tweedy, F. C. Wallen, J. Whyte, D. Wilbourne, J. Williams, E. Wimbush, A. R. Wright, A. S. Young.

Staff Nurses.

Misses L. Abbott, H. M. Ankers, N. Atkinson, M. E. O. Barrow, F. M. Biggar, A. Blamire, E. M. Bond, E. K. Bracher, E. K. Bryant, C. Campbell, E. C. Clancy, G. M. Collins, E. Cooper, M. M. W. Cooze, D. A. Creed, J. M. Cunningham, Z. Deacon, I. Dickson, A. Dobbin, J. Entwistle, M. Evans, N. Evans, M. Foster, A. D. Frame, B. M. Gillespie, T. Guinan, M. H. M. Gurney, E. Hailey, L. M. Hansford, B. Harris, M. R. Harris, E. Isaac, E. E. James, M. Laurence, M. A. Lyons, M. Macleivitt, M. P. McBreen, A. H. McCall, J. McCarthy, A. McIntosh, R. McLaughlin, M. P. McLean, S. McMullan, M. Mitchell, R. G. Moffat, G. M. Moore, O. Newstead, C. J. Oliver, M. Porteous, M. M. Raine, J. Riddell, A. B. Ritchie, A. Robb, A. L. Ross, G. M. K. Rowley, A. Salkind, E. Salkind, F. E. Searle, C. F. Shaw, H. Simpson, M. L. Sinclair, C. M. Skeltor, A. Smart, E. B. Spooner, M. M. Staveley, E. Stedman, D. M. Steele, E. Thomas, E. J. Thomas, I. Thompson, A. G. Todd, J. C. Towell, M. Turner, C. M. L. V. P. Tyler, V. G. Wakeford, D. M. H. Woollett, D. M. Woolmer.

TERRITORIAL FORCE NURSING SERVICE.

Sisters.

Misses M. Althorn, I. Baldwin, M. Barnes, A. Boddy, C. J. Boulter, E. Brander, I. Calder, D. F. Chapman, P. Dale, E. Davis, A. C. Dent, E. R. Draper, E. Duston, F. Hancock, D. Jones, J. Lindsay, F. C. Lupton, A. H. Pledge, A. Simpson, K. Taylor, A. M. Teague, L. Webster, F. A. Wood.

Staff Nurses.

Misses E. Allee, S. Archer, M. Barker, E. Beaton, E. A. Bell, E. R. Bennett, I. Berry, A. Bignell, M. Boswell, M. Bradburn, C. M. Brand, K. Brindley, A. Bull, P. Burns, C. Cameron, E. M. Cammack, M. Carter, E. M. Charles, A. Cockran, M. D. Cole, E. C. Connell, M. Connell, M. B. Cooksley, L. Dack, P. Dale, H. Darge, K. Daye, T. Dickson, G. Dingwall, M. Donald, N. Egremont, C. Elgin, A. Ellis, L. Ellis, M. Foster, N. Franckeiss, F. Geradet, R. Gilchrist, J. Green, E. E. Hart, E. Henderson, M. Horder, L. Huntley, C. Jackson, E. K. Jackson, E. James, F. Knight, A. Leslie, A. Linton, E. M. Livingstone, C. McCallum, D. McLelland, A. N. McLennan, M. B. Mann, C. Mitchell, E. Mitchell, G. Morgan, R. M. Orr, M. Power, H. E. Reynolds, C. E. Roberts, K. I. Seager, E. B. G. Sim, M. A. C. Smith, E. N. Spencer, K. Steele, M. Stuart, G. Tait, S. Tiplady, C. Yule, S. Walsh, E. Walton, V. Wardlow, W. White.

AUSTRALIAN ARMY NURSING SERVICE.—Sisters: Misses P. M. Boissier, E. F. Lee-Archer, E. M. Menhennet, F. Nicholls, L. C. Pratt, T. E. Thomas.

CANADIAN CONTINGENTS.—Sisters: Misses A. E. Andrew, J. F. Andrews, W. Bryne, B. Davison, C. A. De Cormier, S. Ferguson, O. F. Garland, E. M. Holmes, M. K. Lambkin, F. E. M. McCallum, R. McLean, F. B. Mattice, E. C. Mercer, J. Stronach, A. A. Tupper, C. W. Viets, I. B. Watson, C. F. West, K. F. Whittick, D. E. Winter.

SOUTH AFRICAN NURSING SERVICE.—Staff Nurses: Misses H. L. Bestor, G. E. Francis, M. A. Fynn.

NURSING STAFF OF MILITARY AND WAR HOSPITALS.—Misses M. Allan, D. André, F. Ashworth, E. Baldwin, M. Bamford, M. A. Barclay, H. Barrett, M. E. Bliss, A. M. Blott, I. Bodin, H. A. Brew, J. B. Bruce, J. Burns, E. M. Chaplin, M. Coulson, L. Donald, M. Dowbiggin, L. Dunbabin, F. M. Edwards, M. Hartrick, W. Holroyd, B. A. Hope, C. L. Keen, M. Kilby, M. S. King, C. Lawrenson, E. M. Lewis, M. Macken, A. MacLaren, E. Marks, M. McIntyre, M. McKenna, M. McLymont, D. Milne, E. M. O'Kelly, M. Paddle, H. A. Powell, F. Price, L. M. Reeves, M. Richards, M. Roberts, C. Robinette, L. Rogers-Smith, S. A. Selby, S. A. Soames, N. Somerville, D. Tong, E. L. Waddington, M. Williams.

NURSING STAFF OF CIVIL HOSPITALS.—Misses L. McLean (Assistant Matron), M. Allen, M. Beatley, J. Blacoe, A. Bowdler, M. Buchanan, E. Chisholm, M. Constable (Sister Mary Angela), F. Coombe, M. Curwen, C. Doughty, S. Edgar, S. Elliott, L. Farquhar, A. G. Farrington, E. Fisher, L. G. Francis, B. Gates, M. J. Grant, A. E. Harris, R. T. Hayes, B. Hedderman, D. Hirst, R. Hoff, M. K. Ireland, M. J. King, A. Macdonald, M. Marr, A. Martin, E. Mason, G. Massingham, M. L. Meeson, C. McCulloch, M. R. McLean, F. McKinnon, D. Minchin, A. Miskelly, H. E. Moffat, M. A. Quartermaine, C. P. Rintoul, E. F. Scott, L. G. Shields, F. Slinger, G. Stapleton, J. G. Stiles, E. G. Taylor, M. E. Tirell, S. B. Vulliamoz, R. Ward.

FRENCH FLAG NURSING CORPS.

The group of pictures on these pages show the members of the second *Escadron* of the French Flag Nursing Corps, who have left for duty in France. We have only to look at them to realize that they will enter into the work they have undertaken with earnestness and enthusiasm.

Mr. James Milne had a most delightful account in the *British Chronicle* on Saturday last of an interview with Miss Ellison on the work of the French Flag Nursing Corps, in which the gay heroism of the French *Poilu* is emphasised:—

"All our nurses who have come into contact with the French soldier," says Miss Ellison, "just love him. He is a dear, uncomplaining, unselfish and most courageous pet. When he is on the battlefield he fights like a lion, and when he is in the hospital he is mother's little boy, and will be to the end of his days. How his affection goes out to his mother in his moments of stress! When he is dying he calls for her, and he is happy if only he can die in her arms. Perhaps it is this love for the French mother on the part of the son which explains his gratitude to the nurse, who in a field-hospital takes the place of that mother. He brings her flowers or does any pretty service that will please her. One of our nurses happened casually to say that she liked cats. What was her surprise when her patients, those of them who were active enough to get about, proceeded to collect cats and bring them to her. She said it was so sweet to see them opening the door of her ward and quietly putting in a cat, preferably a black cat, as that meant luck. So full is the French soldier of gratitude towards his nurse that often he cannot express it, and this is the most touching sight of all. An Arab, who could not write, wished

to let a nurse who was unwell know how he sympathised with her, and what do you think he did? He got friends to send her a sheet of paper with his tears on it."

"CONTENTED WITH LITTLE."

"The gaiety of the French soldier in hospital, as on the march or in the trench, is a thing which has always struck Miss Ellison. 'A *mutile*,' she said, 'will sit a whole afternoon listening to the gramophone and applauding with his crutch. A very little contents him, and a little more makes him happy. Our English sisters have taught him a game that he loves dearly — 'Chenkinship,' which is nothing more serious than 'Jenkins Says Hands Up.' Alas! the *mutile* often has only one hand to hold up; nevertheless, he keeps merry and bright.'

"A sad part of the war to Miss Ellison has been that many French soldiers are cut off from their families in the invaded districts. These men she and her nurses 'adopt,' as far as they can; in other words, they supplement their pay of 2½d. a day by sending them useful little things and by writing to them. Even there the unselfishness of the French *poilu* flames out, because he will write and ask that a comrade be adopted instead of himself — a comrade who 'is so much more worthy of interest.'"

At the special service in the British Church at Bordeaux on Empire Day, the Sisters who attended were escorted by eight "militaires Français," who asked to go to represent France. A very right and proper compliment.

A most interesting book is to be brought out this year, under the patronage of Queen Alexandra, entitled "Pages Inédites sur la Femme et la Guerre" (Commemorative album in honour of women). This work will contain the war work of British women in France, with a short summary of their heroic deeds.



MISS SARAH CANNON.



MISS RUTH CRAIG.

CARE OF THE WOUNDED.

The opening of the large square gardens in London for the use and benefit of the wounded is now an accomplished fact, and those near the hospitals will no doubt be largely used. Wheel and lounge chairs will thus be required in considerable numbers, and should be a welcome gift wherever our troops are warred.

The Botanical Gardens, now in great beauty, are also available for convalescent soldiers, and it

is suggested that ladies might act as hostesses to these "braves" and supply them with tea. The men are admitted free, non-members pay a shilling entrance, but during the summer months women who wish to show some gratitude to the Army might well organise such little gatherings. Petrol is now so costly that joy rides cannot this summer be provided, as they were last, and it is most necessary for the good recovery of the health and spirits of the sick that fresh air and a pleasant time should be available. Nothing is more depressing for any length of time than the hospital atmosphere to these used to an active life, and whose nervous

system has been overstrained. Who says tea parties in the Botanical Gardens?

The Executive Committee of the Ladies' Lyceum Club will celebrate its anniversary of Soldiers' Teas on the 24th inst. It is proposed to have a "Prisoners'" "Strawberry and Cream" tea, and some of the heroes from St. Dunstan's will also be guests. Mrs. York Trotter has prevailed upon Dr. Walford-Davies' Male Choir to give a concert, and we all know that will be a rare treat.

"France's Day" in London is to be held, appropriately, on July 14th, and the British Branch of the Croix Rouge Française is very busy organising, let us hope, for a huge success. It would like £50,000, and when the word "Verdun" meets the eye we could wish £100,000 might be collected.

We hear people are getting restive about "Flag Days." We wonder why. Given a good cause, this method of collecting in the street for War charities is a cheap one, and by this means every-

one can give their mite who cannot give a larger sum, and to be whole and hearty walking in this splendid London, well fed, well clothed, free from pain, the beauty of spring everywhere delighting the eye, should uplift every heart with gratitude, when we realise the grim tragedy of war and the suffering it entails for those who come in touch with its ruthless flame. Don't imagine you cannot spare your pence; go without afternoon tea and put its cost in the box. Just think every day how to deny self, you will be more worthy to be alive and well.

The Committee of the British Women's Hospital for

Incurable Soldiers at Richmond are to raise £100,000. We feel sure they will do it.

What a relief to know that some of our starved and ill-treated prisoners have been moved from Germany, where life is made a veritable hell to them, to Switzerland. It goes without saying that they met with an enthusiastic reception from the kindly Swiss, but, alas! many are now suffering from phthisis and may never recover. The report in the *British Medical Journal* of the brutal neglect in two prison camps during epidemics of typhus



MISS FERNE CRYSLER.

MISS SADIE JACKSON.

MISS FLORENCE IRWIN.

MISS ANNIE GARDINER.

recalls the horrors of Wittenberg, and places the medical men in charge beyond the pale of humanity. Their conduct would be incredible, if accredited to any human beings.

A convalescent hospital in London for Canadian officers will be opened shortly. It will have twenty-five beds. The building overlooks Putney Heath, and from its windows the patients will be able to see a memento of their own country in the shape of the London skyline. The new hospital has been presented to the Canadian Government by Mr. William Perkins Bull, K.C., whose residence adjoins the hospital, and who will co-operate with the Government in the management and upkeep of the institution.

The last report to hand states that "During the past month (April 11th to May 10th, inclusive) 263 patients were admitted to the Urgency Cases Hospital for French Wounded (total, 2,137). Of that number 260 were wounded from Verdun.

The beds have always been kept occupied. Gas-gangrene has, unfortunately, been very common. Many patients have arrived at the hospital with the condition well developed.

The number of cases examined during the above period is 246, being more than double the number examined during the corresponding period in 1915, only 118 having been examined then.

One case was under examination for shell wound when a rifle bullet was found in the lower part of the body, and it was ascertained that the patient had been wounded twelve months previously by a rifle bullet and was under the impression that it had been removed at the time. As there was no doubt about the present wound having been caused by the explosion of a shell, the bullet must have remained in him for a year without his knowledge.

Two patients were examined in whom the projectiles were embedded in the tissues surrounding the heart and so closely associated with that organ that in each case the projectile could be seen to follow its movements.

We continue to have the wards full of badly wounded men and the Sisters are having hard work. Some of the Sisters want leave, but no leave (except sick leave) is allowed at present."

It is proposed by the Australian women now in England to endow a bed in perpetuity at the Star and Garter. The sum of £580 has already been subscribed.

Colonel Sir Edward Ward, Bart., Director-General of Voluntary Organisations, will deal in future with questions relating to the supply of comforts for British troops in Mesopotamia. Communications should be addressed to him at Scotland House, New Scotland Yard, London, S.W.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

Stanley Hosp. for Soldiers and Sailors, Holyhead.—Miss S. Edwards.

Beechcroft Mil. Hosp., Woking.—Mrs. A. E. Knox.

Red Cross Hosp., Mosely, Birmingham.—Mrs. E. Hirst.

Red Cross Hosp., Rhyl.—Miss F. E. Beresford.

V.A.D. Hosp., St. Anselm's, Walmer.—Miss M. Corps.

Mil. Con. Home, Golder's Green.—Miss K. Ellison.

V.A.D. Hosp., Normanhurst, Battle.—Miss J. E. James.

Hill House Hosp., Warwick.—Miss C. Brunelle.
Conv. and Aux. Hosp., Spring Hill, Halifax.—Miss N. V. Wells.

V.A.D. Hosp., Newnham Paddox, Luttrethworth.—Mrs. C. Gerrard.

Sheprath Aux. Hosp., Royston.—Miss J. Holmes.
Mostyn Con. Home, Holywell, N. Wales.—Miss E. M. E. Keys.

Red Cross Hosp., Highfield Hall, Southampton.—Mrs. C. Vilesid.

V.A.D. Hosp., Higham Ferrers, Northamptonshire.—Miss O. Greenwood.

Paulton House Hosp., Rugby.—Miss E. Lampon.

Minley Mil. Hosp., Farnborough.—Miss M. Parsons.

Highams Mil. Hosp., Woodford Green.—Miss R. James.

Aux. Mil. Hosp., Southall.—Miss S. E. Smith.

Woodbastwicke Hill, Norwich.—Miss A. A. Hodgkinson.

Red Cross Hosp., Hoole Bank, Chester.—Miss E. H. Lewis.

Songholme Red Cross Hosp., Walton-on-Naze.—Miss E. Barker.

Laverstoke Mil. Hosp., Whitechurch.—Miss E. Borcham.

V.A.D. Hosp., Thirsk, Yorks.—Miss K. B. Waters.

Weir House Hosp., Balham.—Miss E. Cox.

Vol. Hosp., Rusthall, Tunbridge Wells.—Miss E. A. Wickham.

Amphill Park, Beds.—Mrs. E. M. Sherwen,
Miss K. E. Brown.

Cheveley Park Hosp., Newmarket.—Miss G. Jones, Miss L. Walls.

V.A.D. Hosp., Urmston, Eastbourne.—Miss G. Arnold.

Clayton V.A.D. Hosp., Wakefield.—Mrs. A. M. Alexander.

Regent's Park Hosp.—Miss V. M. P. Wakefield.
Hosp. for Officers, Langley Park, Slough.—Miss T. D. T. Norton.

Aux. Mil. Hosp., Hathersage, Derbyshire.—Miss M. Barraclough.

St. Mark's Aux. Hosp., Tunbridge Wells.—Miss N. Windermir.

14. *St. Ann and Garter, K. Linnod.*—Mrs. E. Crowther.
Brundall Aux. Hosp., Norwich.—Miss H. M. Cottingham.
Aux. Mil. Hosp. Littlehampton.—Mrs. E. A. Godby.
Boultham V.A.D. Hosp. Lincoln.—Miss E. Egan.
Yately Mil. Hosp. Hants.—Miss M. B. Gilmour.
Aux. Hosp. Nethercourt, Ramsgate.—Miss D. Gear.
De Walden Court, Eastbourne.—Miss A. Calder.
St. Matthew's Hall, Willesden.—Miss M. E. B. Wetherup.
St. Mary's Hosp., Worthing.—Miss S. Connachie, Miss M. Connachie.
Aux. Mil. Hosp., Portal Tarpole.—Miss F. Stearman.
V.A.D. Hosp., Westerham.—Mrs. A. M. Bowyer, Miss E. Jackson.

THE LADIES' COMMITTEE, ORDER OF ST. JOHN.

Few meetings can be more interesting to those absorbed in war work than the monthly meetings of the Ladies' Committee of the Order of St. John, held at "the Gate," when the members in charge of sections report progress, and, on the invitation of the Chair, Adeline Duchess of Bedford, others engaged in outside activities for the welfare of our glorious sailors and soldiers attend and tell of their progress. Thus most interesting information has been available during the past year on wide personal experience. Last week Lady Davidson told of the interest in the Order and the War of the women of Newfoundland; and Mrs. Gaskell, the Hon. Sec. of the War Library at Surrey House, aroused wide sympathy in its wonderful work. The majority of nurses dearly love books, and never have enough time for reading, and our military nurses report from far and wide the delight given to the troops, in health and in sickness, by picture papers, magazines, and novels. It was to meet this need that the War Library was started—but let Mrs. Gaskell speak:—

THE WAR LIBRARY.

By Mrs. Gaskell.

It is very kind of you to ask the War Library to give you a short account of its existence, and I think that there is a certain justice that we should know one another more closely for I believe that when war broke upon our astonished and unprepared country the Order of St. John Ambulance was the first to respond with admirable swiftness to the large Government Hospital demands, and the War Library in its humble way was first in the field of private organisations, having started work August 10th, 1914. The idea was

born in the mind of a woman, the night after war was declared, whose long illness and convalescence had been made bearable by books. A telegram was sent to her kind friend Lady Battersea, for the loan of Surrey House, the answer to which was not doubtful, as anyone knowing Lady Battersea can tell.

An appeal in the Press—the first of anything of the kind—brought, not volumes, but whole libraries. We struggled valiantly for days with the endless streams of vans which deposited hundreds of thousands of books at our horrified feet. Feet did I say? The cases mounted far above our heads, and filled the big rooms and blocked the wide stairs. The generosity of the public knew no bounds, and with each fresh day our gratitude and despair increased. I fled for advice to Mr. Hagberg Wright of the London Library, who brought a band of expert workers, and reduced chaos to order. The War Office approved the scheme, the Admiralty asked us to supply the Navy with a book a man before autumn changed to winter. This was done. Small libraries ready for emergencies were sent to all permanent Hospitals and Hospital ships, and soon we breathed freely, ready for what might come.

Gradually the hospitals in France grew from 10 to 145, which we have supplied since their beginning with monthly packages. The numbers of permanent and cross-channel ships increased, ships overwhelmed with wounded from the Mediterranean clamoured for thousands of books, destroyed each voyage for sanitary reasons. Malta swallowed literature until even we were astonished. Lemnos was a sink of literary voracity. Egypt gets a steady supply of thousands a month. Mesopotamia is fed week by week, in the hope that some books may drift to their destination. East Africa gets plenty; Salonika ought to have a large growing library; and Great Britain's 1,800 odd hospitals have all read War Library books, many having weekly supplies. About three months after the War Library began, the Camps Library was started under the management of Sir Edward Ward and Mrs. Anstruther, to provide the fighting and healthy soldiers at home and abroad. In the opening of 1915 bankruptcy for books stared us in the face, from which we were saved by the excellent Post Office scheme originated by Mr. Samuel, then Postmaster-General. In the autumn of 1915 the War Library was nearly bankrupt of money, for the two friends who had financed us up till then were unable to continue the heavy expense. In this difficulty the Red Cross and Order of St. John took us into their generous fold—since when we have enjoyed an existence much freer from care. We have tried to repay their generosity by prompt regard to their wishes, which has taken the form of more than 80,000 books being given to them since October last, besides supplying their hospitals.

We receive weekly about 10,000 books and magazines from the Post Office scheme. I wish I could tell you how devotedly our voluntary

workers work long hours, and how generous are the public, rich and poor, and the publishers and booksellers with gifts.

We have a kindyard of the scrap book department, invaluable for the very sick—brought to our notice by Mr. Kipling himself.

We have also quite lately started a games department, urgently asked for everywhere and sorely needed where cases are long and hours hot and weary.

But our hearts have grown anxious again lately, our supplies of literature decreasing. The 7d. size of books is sent more rarely and is the one most needed. Paper is dearer. The cheaper books are less printed owing to the cost of material.

Practice has much improved our choice of literature, and experience has led us into a strange land of books which was unknown before to most of us. Originally I went to the Tube book-sellers and said, "Give me the papers bought by a soldier on a Saturday afternoon, and the books." He grinned. "You had better take *London Opinion*, *London Mail*, *The Passing Show*, and *John Bull*, but if you can't take the lot then buy 10 to 1 of *London Opinion* and *London Mail*." And then books! Take Nat Gould into the wards, and every hand is stretched out, every face brightens. Tom Gallon, Gervase, Kipling, Harold Begbie, Guy Thorne, Conan Doyle, &c., and over and over again we are asked to send Miss Dell's books. Suddenly we realised that Nick Carter was a favourite. Who is he? I inquired; and found that Nick Carter's detective stories are a weekly joy to masses of people, that the "John Bull Series of Tales" are eagerly waited for. We have bought 15,000 and I cherish them as a miser does gold.

But a spirit of change is to be seen, brought in by the higher education of the New Army. Long cases grow weary of novels. In every foreign parcel goes that wonderful sixpenny edition of the 100 best poems, travel, biographies, a book of maps, two or three volumes of Everyman's precious books, 6s. novels, Dickens, a book on social problems; food for thought, not only for a sedative. Our visitors in the English centres that we have organised send us many special requests for books on trades, professions, &c.; some even sketch a course of reading. From Carey's translation of Dante to the Encyclopædia Britannica in 40 volumes no request has been unsatisfied so far, but times are hard. Books are not bought so freely, owing to the larger calls on our incomes. And yet the sick and wounded stretch out their hands for Nat Gould, and lose the sense of time playing cards, in larger and larger quantities.

Ladies, please let our work be known as widely as you can. Gifts come to us from America, California, Canada, South America, South Africa, Canary Islands, Japan, India, Honolulu, Siam, Ceylon, Australia, New Zealand. They come from the uttermost ends of the earth, to be scattered once more over the wide ocean of suffering we try so feebly to help.

MORE HOME TRUTHS.

The current issue of *The Red Cross* contains an open letter to V.A.D. officers and members over the signature Katharine Furse, Commandant-in-Chief, Women's V.A.D., which begins by stating that it "is not going to be a nice letter, not tactful, nor conciliatory, nor complimentary—not even literary or grammatical. It has nothing in its favour except a frank, kindly meant wish to see the right spirit in our V.A.D. officers and members." Mrs. Furse continues:—

"Will all those with good consciences please forgive me if I address this letter to the few who seem to think that the real reason of this horrible war is to provide wounded to be nursed by V.A.D.'s."

After saying that probably "not a single member's papers have been sent in without that member thinking that she is anxious to help her country in our great struggle," Mrs. Furse states, "In spite of this, there is left on my mind a certain slight impression of selfishness. This is mainly due to the fact that the very few selfish members are the ones who show most. . . . The few I refer to seem to think that all the conditions of service must be arranged to suit their particular conditions and wishes.

"Another thing which makes us desperate is the fact that our selected members behave somewhat like the hedgehog croquet balls of 'Alice in Wonderland.' While we have slack times and no requisitions coming in, the V.A.D. member safely selected 'awaiting appointment' wanders away to agriculture, or munitions, or canteen work, without ever letting us know.

"For once we do not blame the member. Here her officers are to blame. Certain commandants seem to lose sight of their tremendous responsibilities, and fail to realize the huge possibilities if only they will learn the art of being officers. . . .

"Many of you are probably dependent on your work for your living. Go on with it, letting us know what notice you require, and we will try to warn you in time if you are wanted, though it is not always possible to do this.

"So cheer up and be ready. Give generously. Don't only want 'to nurse.' Be willing to cook, if necessary. There might be hundreds of trained nurses ready, and not a cook available. And when you do at last get an appointment as a nursing member, be ready to scrub wards, if needful; better this than that they should be dirty through lack of willing helpers. . . .

"We get complaints from members that they have no dressings to do, but are put to scrub lockers, and this is not what they volunteered for. My goodness—as though three years' training counted for nothing and the V.A.D. member with a few weeks' experience were superior to a second year 'pro.' in a general hospital! We are out to help—to do the work which needs doing, not the work we enjoy necessarily.

"Let us learn to enjoy our hands doing
 good, and keep only three things in view:—

(1) The good of the sick. (2) The wounded.

"(2) Willingness to do anything.

"(3) Loyalty to our King and country. . . .

"We receive appeals for all sorts of workers, such as house and parlour members and cooks, and we don't know how to find them, and we have to write and tell the auxiliary hospitals we cannot supply them. This is very sad, because it shows that all V.A.D. members are not 'willing to do anything,' and yet that is the motto we hear most in regard to them."

SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

At the Annual Meeting of the Society, to be held, by kind permission of the Royal Society of Medicine, at 1, Wimpole Street, London, W., on Thursday, 8th June, at 4 p.m., the following resolution will be proposed by Mrs. Strong, President Scottish Nurses' Association:—

RESOLUTION.

This meeting emphatically affirms that any Bill for the State Registration of Trained Nurses must make provision for the direct and adequate representation of the Registered Nurses themselves upon the Governing Body authorised by Parliament if it is to receive the support of the thousands of certificated Nurses united in this Society.

The following telegram, addressed to the President, will be read from Sir Victor Horsley, F.R.C.S., Vice-President of the Society:—

Amara, Mesopotamia.

"Matrons Sisters Nurses here solid State Registration. Consider College Nursing unworthy Nursing Profession."

IN AID OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations: The League of St. John's House Nurses, £1 1s.; the Kingston Infirmary Nurses' League, £1; Miss Ramsden, 16s.; Miss E. L. Farrington, 10s.; Mrs. Strong, 5s.; Miss F. Kent (Italy), 5s.; Miss I. Nicoll, 2s. 6d.; and Anon., 2s.

THE COLLEGE OF NURSING.

The "conversations" on the question of an agreed Bill for the State Registration of Nurses are still in progress between representatives of the Central Committee for the State Registration of Trained Nurses and the College of Nursing, Ltd. A meeting of the Central Committee will be summoned at an early date to receive a report on the negotiations, and to take such action as may be thought advisable.

The Memorandum and Articles of Association of the College of Nursing, Ltd., have been placed on sale with Messrs. Eyre & Spottiswoode, East Harding Street, E.C., at 1s. a copy net.

APPOINTMENTS.

MATRON.

Ainsworth Sanatorium, nr. Bolton.—Miss Amy E. Longworth has been appointed Matron. She has recently been Superintendent Nurse at the Union Hospital, Jericho, Bury.

Cottage Hospital, Guernsey.—Miss Hilda Irene Matthews has been appointed Matron. She was trained at the London Hospital, Whitechapel, E.; and has been Sister at the Royal Victoria Hospital, Dover, and the Royal Hospital, Portsmouth, and the Hospital for Women, Liverpool; and has been Night Superintendent at the Samaritan Free Hospital, Marylebone Road, N.W.

SISTER OF X-RAY DEPARTMENT.

Addenbrooke's Hospital, Cambridge.—Miss N. H. McCheane has been appointed Sister of the X-Ray Department. She was trained at the Royal Sussex County Hospital, and has been Sister in the military section at the Seaside Hospital, Seaford, and Sister of the Male Wards at the Dorset County Hospital.

SISTER.

Brierley Hall Sanatorium, Bradford.—Miss Ethel Hartley has been appointed Sister. She was trained at Townley's Hospitals, Bolton, and has been staff nurse at the Convalescent Home, Walton-on-the-Naze, and Sister at the Creaton Sanatorium, Northampton. She has also done private nursing.

Royal Gwent Hospital, Newport, Mon.—Miss A. M. Evans has been appointed Sister. She was trained at the Royal Gwent Hospital, and has been Sister in the Theatre and Accident Ward.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Mary J. Crowe is appointed to Kettering; Miss Mary E. Hooper, to St. Ives; Miss Constance M. Kinnerley, to Comwall, as School Nurse and Lecturer for Maternity Centres; and Miss Ellnor Williams, to Kettering, as Senior.

EXAMINATIONS AT CAMBERWELL INFIRMARY.

At a recent meeting of the Camberwell Infirmary, Mr. Want submitted a report from the Infirmary Visiting Committee on the recent examination of nurses held by Dr. H. French, F.R.C.P. (Physician to Guy's Hospital), when twenty-five out of twenty-eight nurses qualified for certificates. The medal given by the Medical Superintendent of the Infirmary (Dr. Keats), for nursing ability and general efficiency, was awarded to Nurse Warner. Certificates were presented to the following nurses: E. B. Shellshear, A. E. March, A. E. M. Hardy, G. E. Ramsdale, H. J. Spyer, A. Smith, S. B. George, F. V. D. Burnham, E. Lucas, G. Rockley, V. R. Dawes, D. E. Bodven, C. Warner, H. M. Dowdeswell, H. King, E. G. Gooderham, G. M. Fraser, T. C. R. Walters, D. M. Chiles, A. Hann, A. M. E. Neal, M. Payne, E. F. Creamer, A. C. Reid and A. Peake.

NATIONAL UNION OF TRAINED NURSES.

The Executive Committee of the N.U.T.N. are anxious to hold a *conference on the Present Situation in the Nursing Profession* on June 29th. Representatives of the Leagues and Societies affiliated in the National Council of Trained Nurses, the Matrons' Council and other nursing societies are being invited to take part. At this critical time in the history of nursing organisation, when irrevocable injury may be done unless trained nurses show a keen sense of personal and professional responsibility, such a conference may be of the utmost use to future generations of nurses.

APPOINTMENTS.

*Russian Medical Relief Expedition (Sisters).—*Miss D. Argent, Miss F. Macdowell, Miss J. Mann, Miss C. Morris, Miss A. Murphy, Miss C. Robinson.

Friends' War Victims Relief Committee, Chalons.—Miss B. Friend.

*Cirencester Red Cross Hospital (Sisters).—*Miss J. Johnstone, Miss M. Fielding.

IRISH NURSES' ASSOCIATION.

An Executive meeting of the Irish Nurses' Association was held on June 3rd, Miss L. Ramsden presiding. Also present: Miss Carson-Rae, Miss Hughes, Miss Roberts, Miss Michie, Miss Towers, Miss Thornton, Miss Reeves and Mrs. Manning. The ordinary routine business was transacted. Miss Huxley, Miss Reeves and Miss Carson-Rae were elected to act as representatives of the I.N.A. at the meeting of the National Council of Women to be held in London in December. Five new members were elected to the I.N.A.

Miss Huxley will attend the meeting of the League of St. Bartholomew's Hospital nurses on July 1st.

THEIR PILOT FACE TO FACE.

'Midst the din and roar of battle, 'midst the hail of shot and shell, out in the wild waste of waters in the rays of the setting sun on one side and mist and fog on the other, the flower of the British Navy, brave and tried admirals, gallant officers, middies in the flush of youth and promise, fine sturdy seamen, husbands, fathers, lovers, sons, died a glorious death, fighting for their country—for us, for all that we hold dear.

Admiral Hood led his division with inspiring courage. From that hell of conflict, in a few short minutes, thousands of our bravest and our best passed to "meet their Pilot face to face."

Of their anchorage on "the Waveless Shore" we doubt not. While we mourn with our country, and for their nearest and dearest, we can thank God for their deathless example, memory of splendid heroism and unselfish sacrifice.

NURSING ECHOES.

Miss F. A. Borrett, R.N.S., at present in Egypt, has sent £1, A Bart's Nurse 10s., Miss H. Hepplewhite, R.N.S., 5s., and a "Queen's Nurse" 5s., for Nurse N., bringing the total to £8. We offer sincere thanks to those who have sent these contributions.

A very interesting report is that presented by the Council of Queen Victoria's Jubilee Institute for Nurses for the past year, during which the work has been carried on under very abnormal conditions. The Council has had to face the problem of how best to adjust the claims on the services of nurses of the sick people in their own homes, and of the men who are so freely sacrificing their strength and their lives. The policy adopted at the outbreak of the war has been adhered to, and no Queen's Nurse who wishes to volunteer for service has been discouraged from doing so. Queen's Nurses are represented in practically all the centres of war. Miss Florence Filkin, Superintendent of the Cheshire County Nursing Association, has been mentioned in despatches, and Miss Elizabeth Ferguson, of the Scottish Branch, has been awarded the Royal Red Cross. The Council also record their deep regret at the death of Queen's Nurse Louisa Jordan, of the Scottish Branch, who contracted typhus while nursing in Serbia.

It is not, we read, only the Queen's Nurses who are undertaking duty directly under military authorities who are rendering service in connection with the war. The reports received from the Inspectors continually give evidence of real war work that is being undertaken by the Queen's Nurses in conjunction with their district work. . . . In London, a Queen's Nurse from one of the affiliated Associations has, since the beginning of the war, met the hospital trains and helped with the transport of the wounded men to the hospitals.

A difficulty has been the shortage of hospital nurses who are willing to come forward for district training. The supply of these nurses has gradually diminished, until during the latter part of the year it practically ceased. This has compelled the Institute to discontinue arrangements for training with the various Homes, and caused them great inconvenience, and the Council put on record their appreciation of the loyal manner in which the Homes have accepted the position and carried on their work under conditions of extreme difficulty and strain.

Queen's Nurses are in touch with the activities of the various public authorities in relation to the safeguarding of infant life, maternity and child welfare, and schools for mothers, and have rendered valuable help in this connection. In the opinion of the Council it is of the greatest importance that Health Visitors should possess proper qualifications, and that, wherever possible, the duties should be combined with those of district nurse and midwife, as district nurses, with their special training, and intimate knowledge of the people and their homes, are far better fitted to undertake the various duties which arise from legislation connected with public health, than women whose knowledge is chiefly theoretical.

An exciting and plucky rescue of a child was made near the Ladies' Swimming Tent at Hartlepool on Saturday. A child about three years of age had fallen into the water, and was washed out to sea about thirty yards before being noticed by a number of hospital nurses. One of them, Nurse E. A. Mitchell, although fully dressed, at once plunged into the water and brought the child to safety. Artificial respiration had to be resorted to before the child recovered. We congratulate Nurse E. A. Mitchell on her promptness and courage.

Miss Annie W. Goodrich was elected President of the American Nurses' Association at New Orleans for a second term of office. The Association shows its wisdom in retaining this splendid and liberal-minded leader as its chief executive officer for another year. Would that we had women of her fearless calibre on this side of the Atlantic: we sorely need them.

SCOTTISH MATRONS' ASSOCIATION.

By kind invitation of the Matron, Miss Bowhill, the New Royal Infirmary, Perth, was the place of meeting of the Scottish Matrons' Association on Saturday, May 27th. Miss Gill, R.R.C., presided, and thirty-three members were present.

The summer meeting is usually somewhat informal, and after the usual preliminaries the only business before the members was the approval and adoption of the conditions and rules of the Edith Cavell Memorial Annuity Fund. It was reported that a sum of nearly £1,200 was invested and that applications for annuities could now be considered by the Hon. Secretary, Miss Graham, 15, Alva Street, Edinburgh.

After votes of thanks to the Chairman and to Miss Bowhill, there was ample time for a visit to the beautiful new hospital, which was bathed in sunshine and holds a most cheerful position on rising ground.

The proceedings of the day concluded with a delightful tea served in the Nurses' Home.

THE PADDINGTON AND ST. MARYLEBONE DISTRICT NURSING ASSOCIATION.

By the courtesy of Mrs. G. R. Edwards, the Annual Meeting of the above Association took place at 22, New Cavendish Street, on June 1st.

The Mayor of St. Marylebone, who occupied the chair, announced that the following ladies had sent letters of regret for non-attendance: Lady Foley, Lady Robert Cecil, Miss Amy Hughes, Mrs. Shore Nightingale and others. In moving the adoption of the report and balance sheet the Mayor said that he much regretted to learn that the expenditure for the year 1915 had exceeded the income by £96 19s. Nevertheless much good work had been done, and strict economy practised under the most able management of the Superintendent Miss Marsters. It was gratifying to hear that the subscriptions and donations had only decreased about £25. The report shows that the work in the two boroughs has greatly increased in the course of the year. Mr. W. F. Richmond, Chairman of the Association, reminded the audience that the increase in maintenance had risen £60, and that further help to support this splendid work was badly needed. He spoke in high terms of the very efficient work of the Superintendent and her staff, and the gratitude due to them from the boroughs.

Sir Malcolm Morris, K.C.V.O., F.R.C.S., in a brief review of the history of Nursing, paid a generous tribute of praise to the "Sister Profession." "It is impossible to say," he observed, "how much the medical profession owes to it." Continuing, he referred to some important dates which mark the progress made since 1844, when Charles Dickens, in his immortal work "Martin Chuzzlewit," showed the need of trained nursing. The next important date, the speaker said, was 1854, which recalled the Crimean War and the brilliant achievements of Florence Nightingale, who, upon her return home, established a school of nursing. He expressed his admiration for the great work of Sir E. Cook, namely his "Life of Florence Nightingale," which he rightly stated was written by a master, implying that it was the duty of all to read it. Sir Malcolm, in the course of his eloquent speech, remarked that the two professions—Medical and Nursing—were intercommunicable, "neither is greater nor less than the other." The fraternal spirit of this remark will be appreciated by all nurses. The speaker said he believed that as the nursing profession grew out of the Crimean War, so in like manner something remarkable would be the outcome of this terrible war.

The natural product of the war on the nursing side should, of course, be the organisation of the profession by Act of Parliament on a thoroughly sound professional basis, which can only be attained by a liberal degree of self-government by direct representation.

Percy Harris, Esq., M.P. for South Paddington,

and Charles Porter, Esq., M.D., Medical Officer of Health for St. Marylebone District, also spoke.

Votes of thanks were heartily given to the Superintendent and her nurses, the Chairman and speakers, and to Mrs. Edwards for so kindly lending her house for the meeting, at the conclusion of which dainty refreshments were served.

B. K.

THE MENTAL HYGIENE OF THE SCHOOL CHILD.

The title-lecture of the *British Association of the School Child*, under the auspices of the National League for Physical Education and Improvement, was given at the *London University College* on May 31st. The lecturer was F. C. Shrubbsall, Esq., M.D., Assistant Medical Officer L.C.C. His subject was "The Mental Hygiene of the School Child."

The lecturer began by giving a brief outline of the brain and nervous system. Dealing with the speech centres, he traced the first meaningless babble of the infant through progressive stages until speech was fully and intelligently established. He strongly advocated very short periods of work for children in the infant schools, with frequent intervals for rest and sleep, and said that the question of home work was one that required serious consideration. Care committees could do a great deal by finding out the conditions under which children worked at home. He described three classes of children. The unemotional, who never worried, who could not be overworked or overstrained; the unrestrained emotional, who was not likely to suffer much wrong, as it gave way to loud outcry for slight cause; and the restrained emotional, who gave cause for much anxiety. The last class included clever and even brilliant children, but who were often wrecked by means of grievous burdens of worry and anxiety. Work by itself, he said, never harmed anybody, but when it was combined with worry it constituted a danger. Girls more often than boys were of this class, not he thought on account of sexual differences, but because women as a body were more conscientious than men. His advice to workers was to put their work in water-tight compartments and never to take it out at recreation. Girls also, he said, did not have the same physical aid as boys, and he spoke highly of the boy scout movement especially as a preventive to morbid sex consciousness.

In a dull and defective child it was the best thing, if possible, to restore its self respect by developing any gift it might possess. He had known children improve wonderfully after leaving special schools where they had become proficient in some one thing; they were able to triumph over companions who, though not defective, were not able to compete with them in this particular achievement.

The duty of studying the mental hygiene of the child should be impressed on all who have the care of children. Much misunderstanding is thereby avoided.

ANNUAL SERVICE IN ST. PAUL'S.

It was at a supreme moment that the members of the East London Nursing Society assembled for their annual service in St. Paul's Cathedral on June 6th. The solemn notes of "The Dead March in Saul" were filling the vast building as we stood waiting to be conducted to the Crypt where the service was to be held. Its poignant strains held us enthralled. There, under the very shadow of the Iron Duke's monument, we realised that Lord Kitchener of Khartoum had in his turn passed into the great Unknown.

How naturally came to our minds the words of the Ode to his great predecessor:—

"O iron nerve to true occasion true,
O fall'n at length that tower of strength,
That stood four-square to all the winds that blew."

A grey-haired officer near us stood rigid at attention. The wailing notes changed into martial triumph and died away silently and soberly; the little group of nurses dispersed for their own service.

The preacher, the Rev. Hugh B. Chapman, of the Chapel Royal, Savoy, took for his text the passage in Exodus which deals with the bitter waters of Marah being sweetened by the rod of Moses; and he instanced how that a spiritually-minded nurse had it in her power to sweeten the bitter waters of loneliness, pain, sin and death for her patients by teaching them that the Cross of Christ was the alleviation for all human sorrow.

The nurse, he said, could not afford to be an ordinary woman. Whatever happened, she was bound to be wonderful either because she sank below or was lifted by her office on to a higher plane.

He thought the greatest danger was for a nurse to become mechanical and by repetition to lose the divine touch of sympathy. A true nurse should have a certain touch of the saint. At this time, with sorrow on every side, especially should nurses re-dedicate themselves to their high office. "You, my sisters," he said, "have constantly to do with the waters of bitterness. When you are asked 'How in the name of God can I bear it?' unless you are really consecrated you will not be able to give the answer. I pity the nurse who has not got the secret. Those who have work wonders where ever they go."

Referring to the bitterness of loneliness, the preacher said that only the day before he was speaking with an officer who was in the great naval battle, he was experiencing this bitterness, as he had seen his friends blown to bits all round him. All have to drink of this cup whether peer or peasant.

What a divine office to relieve it. O, the beauty of it; surely the most blessed task ever vouchsafed to woman. But if a nurse had not found Jesus she had awfully little to give. Human love goes an awfully little way when it comes to loneliness of soul.

Nurses come in contact with the bitter waters of sin. "I think," he said, "of some of our

...and I have so infected with venereal disease, some of whom have lost self-control, debasing their country. The waters of sin are awfully bitter and create a terrific thirst for more. Give me the nurse who prefers the purlieus where sin is found before the nurse who thinks of high fees and uniform and romance. The word of the Cross is the only cure for sin.

"Then there are the bitter waters of death. I sometimes wonder," he said, "how a woman dares become a nurse who does not know how to console the agony. The Pharmacopoeia doesn't know. Only the Holy Ghost can inspire a man or a woman to sweeten these waters."

Never more than at the present time were nurses needed endowed with wisdom, understanding, tenderness and strength, for many are brought into intimate contact, not only with the sick and dying, but with the bereaved and heartbroken.

THE L.C.C. BY-LAWS FOR MESSAGE ESTABLISHMENTS.

At the meeting of the London County Council on Tuesday last, the Public Control Committee reported that Section 26 (1) of the London County Council (General Powers) Act, 1915, provides that "the Council may make by-laws for the prevention of immorality in connection with the carrying on of establishments for massage or special treatment, and as to the keeping and inspection of records showing the general character of the business carried on at such establishments. That after careful consideration of the methods adopted for carrying on business of the kind in question they have prepared by-laws in a form which they have reason to believe the Secretary of State is prepared to confirm, and that it is extremely important that the by-laws should be brought into operation without delay, as in the absence of by-laws, and of any definite evidence to justify the refusal or cancellation of the registration of an establishment for massage or special treatment, the Council is not in a position effectively to deal with certain objectionable features in connection with a number of such establishments which are regarded with suspicion. The Committee therefore proposed that application should be made to the Secretary of State for the Home Department for confirmation of the by-laws prepared.

It behoves all trained nurses and certified masseuses, who are carrying on homes for massage or special treatment, to acquaint themselves with these by-laws, as heavy penalties are provided for their infringement.

The chief points to be noted are as follows:—

FEES.

A registered person must make a complete scale of fees or charges for massage or special

treatment, and exhibit it in a conspicuous position in each part of the establishment in which payment is made, or massage or special treatment given, so that it can be read by persons receiving treatment, and no greater charge may be made. If the assistants employed are prohibited from receiving gratuities, this also must be notified.

ADVERTISEMENTS.

A registered person may not advertise that he or the establishment is registered by the Council, nor may he advertise in a public thoroughfare, public convenience, or conveyance, or in any place in which the public assemble, but this does not apply to newspapers exposed for sale.

MANAGER AND ASSISTANTS.

A registered person may not give, or employ any assistant to give, massage (except face massage) or electric baths or special treatment who is not qualified by proper and sufficient training for the particular purpose.

CONDUCT OF BUSINESS.

A registered person may not do, suffer, or permit in the establishment any act of an indecent or disorderly character, and must take all necessary steps to exclude a customer guilty of such an act.

RECORDS.

A registered person is required to keep a record, in the manner prescribed by the Council, giving (a) the name, age, private address, qualification (if any) of every assistant employed, (b) the terms of remuneration of every person, assistant or otherwise, employed, and (c) particulars of every case of remedial treatment, giving the name and address of the medical practitioner (if any) by whom, and at whose instance, such treatment was prescribed, the name of the person giving such treatment, and the sex of the patient. This record must be open to scrutiny by an inspector and be produced on demand.

SUPPLY OF ALCOHOLIC LIQUOR.

A registered person may not sell, supply or give to any patient or customer any alcoholic liquor except that needed for medicinal purposes, when he must forthwith record full particulars.

EXHIBITION OF BY-LAWS.

A registered person must keep a copy of the by-laws exhibited in such part of the registered premises as may be approved by the Council.

PENALTIES.

Every person who carries on an establishment for massage or special treatment in contravention of these by-laws will be liable to a penalty of £5 and to a further penalty of £2 a day if the offence continues after conviction.

The by-laws appear to us to have been drafted by unprofessional persons for the suppression of vice, and will, no doubt, discourage high-class professional women from being associated with establishments governed by them.

ACTION AGAINST THE L.C.C.

On June 1st, the L.C.C. case was heard before Mr. Mead at Marlborough Street by Mrs. Violet Singfield, for unlawfully refusing to register a massage establishment which she had carried on at 132, Great Portland Street, W. The appellant contended that she was a certified masseuse, and that the place was respectably conducted.

Mrs. Huntley Jenkins opening the case for Mrs. Singfield, said that she had carried on the business as a masseuse for three years. When she commenced it she was in partnership with another lady, but after a time certain information came to her knowledge which led her to decide to sever the connection, and she bought the lady out after five months' partnership.

In the witness box Mrs. Singfield said that she carried on the business in the name of Violet Graham, as the Hydro Electric Institute. She made about £7 a week profit. She had commenced business on the advice of Dr. Warren, from whom she had a certificate.

Mrs. Kathleen M. Parker said that she was deputed by the L.C.C. to obtain information as to massage establishments in London, and went to the Hydro Electric Institute as an applicant for the post of assistant. Mrs. Singfield was dressed as a hospital nurse. She said she could not engage the witness as she was only an assistant of Miss Williams. The latter was called in, and in the presence of them both the witness said she knew nothing of massage, and Miss Williams replied that did not matter, they would teach her all that was necessary.

The magistrate adjourned the hearing in order to consider his decision.

It does not appear whether the representative of the L.C.C. was acting in the capacity of inspector, or of private detective; surely the latter, as a public official would scarcely adopt such methods in the discharge of her duty.

NEGLECT IN A CHILDREN'S HOME.

At the Dorset Assizes recently, Eliza Maud Bacon (56), who is a trained nurse, matron of a children's home at Poole, who was dressed as a Sister of Mercy, was indicted for causing the death of Norah Townner and for neglecting other children. She pleaded "Guilty" to neglect on each indictment, and was sentenced to two months' imprisonment in the first division.

The prisoner had previously been sentenced at the Hampshire Assizes to three months for neglect.

Let us hope that, for the future, unfortunate children will be protected from the control of this dangerous woman. What a travesty is our law! For neglect and causing death of an innocent child, one woman gets imprisonment in the first division; whilst another is sent to hard labour for wearing a uniform "resembling that of a Red Cross Nurse!"

THE SCIENCE AND ART OF NURSING.

The value of an encyclopædia to the person who wishes to be well informed is an acknowledged fact, and many nurses realise the necessity for some handy work of reference giving them a general insight into the things which concern their profession. Such a book is to be found in the "Science and Art of Nursing," published by the Waverley Book Co., Ltd., 7 and 8, Old Bailey, London, E.C. It is attractively edited and illustrated, and contains many excellent articles dealing with the various and increasing branches of work with which trained nurses are concerned.

The publishers will, if requested, forward, carriage paid, their "Free Book," giving a summary and full particulars of the "Science and Art of Nursing," involving no obligation, and are willing to arrange for payment for the book in small instalments.

COMING EVENTS.

June 8th.—Society State Registration of Trained Nurses: Annual Meeting, West Lecture Hall, Royal Society of Medicine, 1, Wimpole Street, London, W. 4 p.m. After the meeting, tea at 2, Portland Place, by the kind invitation of Mrs. Walter Spencer.

June 9th and 10th.—Royal Sanitary Institute Conference, 9, Buckingham Palace Road.

June 14th.—Leicester and Leicestershire Midwives' Association Meeting at Loughborough, by invitation of Nurse Warren. Address on "Serving Women" by Miss G. A. Rogers.

June 15th.—Central Midwives' Board Meeting, 3.30 p.m.

June 26th to 30th.—General Lying-in Hospital, S.E., "Post-Graduate Week." June 26th, Reception by Matron and Staff. Tea, 4 p.m.

June 29th.—National Union of Trained Nurses. Conference on "The Present Situation in the Nursing Profession," 46, Marsham Street, Westminster, S.W.

July 1st.—League of St. Bartholomew's Hospital Nurses. General Meeting. Clinical Theatre, St. Bartholomew's Hospital, E.C. 2.30 p.m. Social Gathering in the Great Hall. 4 p.m.

BOOK OF THE WEEK.

"POTSDAM PRINCES."*

The experiences of the English governess to the young sons of the Kaiser, as set forth in the diary kept by her at the period when she was so employed, must of necessity be a theme of very great interest at the present time. These experiences of the intimate daily life of the German Court are described with wonderful restraint, and it is remarkable how the writer appears to have recaptured the atmosphere of those days, in spite of the sinister meaning that

* By Ethel Howard. Methuen & Co., Ltd., London.

might naturally have been woven with her reminiscences in the light of present events.

She began Court life at an early age, and started her career by mistaking the announcement of her appointment as governess to the Potsdam prince (which she had not sought) for a hoax, and in consequence did not reply till the Mistress of the Robes had written to enquire the reason of this unprecedented attitude.

Her impression of the Crown Prince was a favourable one. "He is my favourite in my heart. He is good looking, terribly excitable and sensitive, and though he does not give one the idea of thinking much of himself, yet with his brothers he is quite conscious of his rights. He is too fond of his own possessions, very affectionate, and essentially a gentleman at heart. So runs my diary; but if I shut my eyes and recall quite honestly scenes in that schoolroom I see him now, possibly in the light of recent events, as a disturber of the peace."

The young princes were trained in the habit of strict obedience and made it a point of honour to obey lawful commands. Some of the penalties of being a prince were the unsuitable gifts that were sent to them. It was truly hard for the young Crown Prince to sit down and write a long grateful letter in a foreign tongue for a huge volume of Ball's "Astronomy." "I inwardly sympathised with him when he said, 'Let's burn the beastly thing and forget all about it.'"

Miss Howard tells an incident of how she, being very short-sighted, gave an abrupt return to the salutation of an officer who rode up to her carriage. On her return home she was informed that it was the Kaiser who had addressed her. He was furious and said she had publicly insulted him. "I at once wrote a humble apology and no more notice was taken of the incident, except a command to carry lorgnettes on all State occasions. This was a great concession, as it was contrary to etiquette to look at Royalty through any kind of glass."

Most interesting are the descriptions given of State functions and the part the writer played in them. On one occasion her carriage got in front of Their Majesties; the crowd thought it was the Imperial carriage and "cheered us all the way back to the Schloss. It was really very embarrassing."

Dress was a very great anxiety as her pocket was limited, and the jewellery was a still greater problem. On one occasion an officer enquired if the string of Venetian pearls she wore was an heirloom, and she was obliged to confess that it was not. Later she received an order for some function that pearls were to be worn, and only real stones allowed.

A vivid picture is given of the Christmas festivities so dear to the German heart, and makes one pause to consider the folly and madness which has so ruthlessly destroyed so much innocent content and gaiety.

The weeks previous to the festival were employed in making and distributing gifts to the

sick and poor. Christmas Eve was the festival of the home.

The little Princes were tremendously excited, for the long-expected moment dreamed of for so many weeks had come at last.

"Shall I ever forget that wondrous scene? Along the whole length of the hall was an imposing array of Christmas trees—ten in number." The largest one for the Emperor, and so on, diminishing in size till it reached that belonging to the little Princess.

Lit by a thousand candles glittering with hoarfrost. An angel with outspread wings surmounted each.

Miss Howard remarks: "I have been living so much in the past while writing this description that I awake to the present with a rude shock.

Can I picture their Christmas of 1916?

The trains which of old carried heavy freights of Christmas gifts are now laden with heavier and sadder burdens."

It has been a difficult task to select passages of interest from these pages, for every page contains so much that is fascinating. We should advise our readers to procure the volume for themselves. We feel sure that the uppermost feeling in every mind will be "The pity of it."

H. H.

FLOWER OF YOUTH.

Lest Heaven be thronged with greybeards hoary,

God, who made boys for His delight,

Stoops, in a day of grief and glory,

And calls them in, in from the night.

When they come trooping from the war

Our skies have many a new gold star.

Heaven's thronged with gay and careless faces,

New-waked from dreams of dreadful things.

They walk in green and pleasant places

And by the crystal water-springs

Who dreamt of dying and the slain,

And the fierce thirst and the strong pain.

Dear boys! They shall be young for ever:

The Son of God was once a boy.

They run and leap by a clear river—

And of their youth they have great joy.

God, Who made boys so clean and good,

Smiles with the eyes of Fatherhood.

Now Heaven is by the young invaded;

Their laughter's in the House of God.

Stainless and simple as He made it

God keeps the heart o' the boy unflawed.

The old wise Saints look on and smile,

They are so young and without guile.

Oh, if the sonless mothers weeping,

And widowed girls, could see inside

The glory that hath them in keeping

Who went to the Great War and died,

They would rise and put their mourning off,

And say: "Thank God, he has enough!"

—Katharine Tynan.

LETTERS TO THE EDITOR.

Whilst cordially inviting readers to use the column as a subject for these columns, we wish it to be distinctly understood that we are in no way hold ourselves responsible for the opinions expressed by our correspondents.

REAL RELIEF.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Again I express my overflowing gratitude for all you and all my unknown kind and good friends have done and are doing for me. I little did I think I should have such real relief. What it has saved me from you cannot tell; for I had begun to think I must give up my room, which is my home. Please believe me when I say the sum you are adding to my weekly 10s., through the generous readers of THE BRITISH JOURNAL OF NURSING, will be most carefully spent.

Again, my sincere thanks,

Yours most gratefully,

F. N.

Sutton Road, Southend

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you allow me to thank you most sincerely for the kind interest you have taken in Nurse N., and also for the valuable help you are affording her. I think if those who have so kindly given could see as I do the difference it has made they would be more than rewarded and satisfied. It has relieved the wearing strain of perpetual anxiety and brought with it a peace of mind which is so necessary to a person suffering as Nurse N. has for many years.

Again thanking you for your great kindness,

Believe me,

Yours faithfully,

R. STUART KING.

Rectory, Leigh-on-Sea.

A FEW HOME TRUTHS.

"V.A.D.'s" astounding letter, published on the 27th ult., has elicited shoals of replies, from which we select the few for which we have space this week. There is unanimity of opinion concerning it. The sentiments of the writer are condemned by trained and untrained alike.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your correspondent, "A V.A.D.," with all her education, fails to realise the fundamental difference between the skilled and the unskilled worker. The former's position results from training and is only reached after careful preparation tested by examination. The latter is available without either. Each serves a useful end, but there can be no comparison between them, nor can they be judged by the same standard, and there should certainly be no room for feelings of jealousy. The unskilled worker can develop into the skilled, given that

enough time, toil and intelligence are brought to the task. No one wants to ignore the work of the V.A.D.'s, and with the powerful, rich Corporation at their back, they will no doubt have little difficulty in obtaining State recognition. Why, however, should any of them desire to be registered as trained nurses? The majority would not contemplate being in attendance on the ordinary sick person after the stress and excitement of the war are past. It surprises me that they can wish to come in under the aegis of the trained nurse who has been less generously treated by the State than any other class of skilled worker.

"A V.A.D." evidently generalises from the particular and cannot have come into contact with nurses such as those with whom I trained.

I wish she had not used the words "snobbish and insolent." I am so tempted to use them!

Yours faithfully,

ELLEN B. KINGSFORD.

Fallow Corner Home for Homeless Children,
North Finchley, N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It was good of you to print that letter from a V.A.D. last week, for I believe her point of view is that of a great number of V.A.D.'s, though the vision of probably few of them is quite so distorted as that of your correspondent.

I have had V.A.D. probationers for the past year and my personal experience of them has, on the whole, been favourable, i.e., I have found them in point of intelligence, education, and gentleness just about equal with the average trained nurse—in executive ability, very much behind, but that is no doubt due partly to inexperience, and partly to lack of incentive, having no goal of a certificate at which to aim.

Some of my confrères have not been so fortunate and have had difficulty in keeping their V.A.D.'s from being unduly familiar with the patients, thus destroying discipline in the wards. This is most marked in Auxiliary Hospitals, which are principally staffed by V.A.D.'s, and where there is much less of the restraining good sense and guidance of trained women.

I think it may almost go without saying that the skilful management of a large number of men of all sorts and conditions, is much more easily attained by a woman of tact and of long experience, rather than by one whose principal claims are youth, good looks, money, and the doubtful advantage of belonging to the "governing" class.

Again, any physician or surgeon, certainly any of those who "count," prefers a capable, experienced, intelligent person to carry out his wishes, rather than a novice, no matter how young, pretty, rich, and "insolent" she may be.

Surely your correspondent is very young or very superficial, if she has not yet realised that manners, education and even culture are by no

means the monopoly of the profession, or even of the highly born.

Many gentlemen are so constituted that they must earn their living if they wish to preserve their independence, and in no class are good breeding, high intelligence and absolute trustworthiness more needed, nor, I am sure, more often found, than in the profession of nursing.

When we trained nurses read such a letter as that which you published last week, is it to be wondered at that we wish to obtain a definite legal status, and shut out the vulgar amateur?

Yours faithfully,

Glasgow.

"SISTER."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I, through the medium of your well-circulated JOURNAL, tender to the members of the V.A. Detachments my deep sympathy in having to acknowledge the writer of last week's letter as an equal in social position or a colleague in professional life?

I have worked with many of these ladies for the past year and, apart from the many good qualities which they have displayed, one could not fail to observe the willing and genial manner with which they have performed the most humble tasks.

"V.A.D.'s" character is most clearly stamped in her letter, and it makes one realise how evident it is that as "fine feathers do not make fine birds," neither does money, youth, beauty, nor even "education" always make a refined woman, although even a moderate education rarely leaves a person in so deplorable a condition as the lady in question. However, that is her misfortune and not altogether her fault, for surely no one in a normal state of mind would so disgrace the community to which she belongs as "V.A.D." has done.

Words cannot express how thankful I am that she cannot class herself as

A TRAINED NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We, and I believe all V.A.D.'s who have read it, very much regret the motive which caused "a V.A.D." to write the letter you have published in your last week's JOURNAL. The great kindness and courtesy with which we have been received by all nurses, both in hospital and nursing home, has been splendid, and has helped to make our lives most happy.

We trust that if she is moved to write any further letters of the same type she will speak only for herself and not as if she were voicing the opinion of us all.

We think that a certain amount of the blame for the state of her circumstances, which cannot be happy feeling as she does, must rest with herself.

I remain,

Yours faithfully,

B. E., V.A.D.

North Evington War Hospital, Leicester.

ECONOMICAL DISHES WITHOUT MEAT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—A good deal of nonsense is talked about people being unable to change their diet after they have attained middle life. As Mr. Ernest Bell, the President of the Vegetarian Society points out, "there might be truth in this in the case of purely carnivorous animals, but with creatures frugivorous by nature and always more or less vegetarians by habit, the change can be made at any time if the mind is in it."

The foods containing the most nitrogenous matter, which is claimed to be the special element of butcher's meat, are the grains—barley, oats, wheat and rye, and the pulses—beans, peas and lentils. Housewives who are anxious to keep down their expenditure and yet provide tasty, nourishing meals, should obtain one of the numerous vegetarian cookery books, which contain a variety of recipes for making soups, entrées and puddings out of these food stuffs either crushed or ground, and baked, boiled, stewed, or fried, with the addition of eggs, butter, cheese, milk and all the usual vegetables and fruits. Cheese in particular is to be recommended as the best and most useful of all substitutes for meat. Weight for weight cheese contains more nourishment of a similar kind than meat itself.

The "craving" for animal flesh, which some people experience, is not an indication of the necessity for it as is commonly supposed. On the contrary, it results from a morbid condition of the mind and body, and will pass off under healthier conditions.

Yours faithfully,

DIETIST.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Friday, June 16th, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretary. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

NOTICE.

The name of Miss Irene Sumner was by inadvertence attached to the article we published last week on page 476, entitled "Repatries." Will the writer kindly communicate with the Editor at 20, Upper Wimpole Street, London, W.?

OUR PRIZE COMPETITIONS.

June 17th.—Mention the principal symptoms of nervous exhaustion, and the nursing care of a patient suffering from it.

June 24th.—Describe the methods principally employed to apply artificial heat to a collapsed patient and how you would proceed.

The Midwife.

THE GENERAL MEDICAL COUNCIL. AND THE MIDWIVES' ACT.

THE PRESIDENT. A.M.

Sir Donald MacAlister, President of the Summer Session of the General Medical Council held at the new offices, 44, Hallam Street, W., said in the course of his inaugural address:—

"The representations made to the Government on your behalf respecting the Scottish Midwives Bill were effective. The Bill, which was properly regarded as an emergency measure, became law on December 23rd, 1915. The Scottish Board has since been duly constituted, and the first set of rules for the enrolment of midwives has, after submission to the Executive Committee, been approved by His Majesty in Council.

"Revised rules, framed by the Central Midwives Board under the English Act with a view to the better training and supervision of certified midwives, will be submitted to the English Branch Council during the present session. They indicate that the policy of the Central Board is progressive, and that its aim is to increase the efficiency of midwives. In the present emergency the responsibilities of these women must necessarily become greater and it is the more imperative that the State and the profession should take steps to ensure their entire fitness. That some practitioners have not yet realised their duty with respect to the operations of women, who are not certified as fit to attend mothers in childbirth, is strongly suggested by cases brought before you at the last and at the present session. The Council will doubtless be prepared to consider whether the time has not come to issue a special warning notice on this subject.

DISCIPLINARY CASES.

Amongst the disciplinary cases considered by the Council three were concerned with the covering of uncertified midwives. The Central Midwives Board were the complainants, and during the hearing of the cases Sir Francis Champneys, President of the Central Midwives Board, withdrew.

In the first case the Council had found the charges proved in November, but adjourned the case for six months. The medical practitioner concerned expressed regret at what had occurred and assured the Council that it should not occur again. The President, in announcing the judgment of the Council, said that it had already informed the practitioner concerned of the grave view it took of the nature of the offence specified in the charge proved against him, but having regard to his assurances as to his conduct in the future it had not seen fit to direct the Registrar to erase his name from the *Medical Register*.

The second case was that preferred against Frederick Robinson, L.R.C.P., of 96, Clough Road, Masborough, Rotherham, against whom it was alleged "that, being a registered medical practitioner you by your assistance knowingly enabled a Mrs. Fisher, a woman not certified under the Midwives Act, 1902, to attend women in childbirth under cover or pretence that such women were attended or to be attended by you or by her under your direction, thereby enabling the said Mrs. Fisher in contravention of the said Act to practise as if she were certified thereunder. And that in relation thereto you have been guilty of infamous conduct in a professional respect."

Dr. Robinson sent a telegram declining to attend and answer the charge.

In the course of the evidence the Town Clerk of Rotherham said that his Council had had difficulty with Mrs. Fisher, as was shown by the list of her convictions. She was an undesirable person to attend a maternity case under any circumstances. The judgment announced by the President in this case was as follows:—

"I have to announce that the Council have judged Frederick Robinson to have been guilty of infamous conduct in a professional respect, and have directed the Acting Registrar to erase from the *Medical Register* the name of Frederick Robinson."

In the third case the President informed the practitioner concerned that the Council took a very grave view, in the public interest, of the danger which arises from "covering" the practice of unqualified and uncertified women. The Council had postponed judgment until the November Session, when he would be required to attend and provide testimony from his professional brethren as to his character and conduct in the interval.

A WARNING NOTICE.

At the last Session of the Council on May 27th Sir Francis Champneys, Chairman of the Central Midwives' Board, as reported by the *Glasgow Herald*, moved that a warning notice should be issued with regard to the "covering" by medical practitioners of the practice of women who were not certified as midwives. He said that in certain directions the passing of the Midwives Act in England had been followed by a sudden and considerable fall in mortality, and this was attributed to the elimination of unqualified and uncertified midwives. There was, therefore, good ground for the efficient administration of the Act being maintained, and the Council had good reason to insist that medical practitioners should do their part.

Dr. Macdonald thought that there was a great deal of ignorance on the part of general practitioners throughout the country as to their duties

in this respect. They did not understand how they had to deal with these "trained midwives," and the Council ought to put publicly before them the risks which they run.

Dr. Norman Walker (Edinburgh) was also of opinion that it was ignorance that was responsible for the non-observance of the rules by practitioners in the great majority of cases. He therefore thought that the warning notice should be in plain unmistakable terms, in order that they might have in mind what constituted the "covering" to which the Council took objection.

Sir Donald MacAlister (Glasgow), the President, pointed out that the Midwives' Act for Scotland had come into operation. It contained amendments which were thought desirable in view of the experience of the English Act. It gave great powers for the subsidy of midwives in country districts. The Notification of Births' Act was also made compulsory. So far as the Government was concerned there was no question of a lack of assistance in improving the midwifery service in the country and in rural districts.

Sir Francis Champneys, in reply, stated that in England many of the supervising authorities and local benches of Justices had not done their part in administering the Act. The words in the statute which brought under its ban only those women who "habitually for gain" attended cases of child-birth, were ridiculous and mischievous; and when the Scottish Act was before Parliament he had done his best to have them eliminated from it. His efforts were stopped by a member of Parliament, who seemed to take charge of vested interests. The result was that unfortunately these words were in the Scottish Act. He looked forward to the time when they would be eliminated from both statutes.

The motion was agreed to.

MIDWIFERY AND NURSING IN WALES.

Mrs. Crowther, Superintendent of the South Wales Nursing Association, writes in the *Western Mail*:

"A critical era has come in the history of nursing in the Principality, and I agree with Mr. Stephens that the question of a sufficient supply of midwives, all important as that is, is merged in a much larger one, the question of the training of Welsh-speaking district nurse-midwives, who by this time have become a necessity to the land, and in view of the increasing death-rate amongst new-born babies, and also of children under one year, it is to be hoped that Wales will now realise that she has to train her own nurses—lest the supply will run short—and that a National Association, broad-based upon the people's will, shall do this in the near future."

Mr. Arbour Stephens says in reply:—

"Mrs. Crowther's letter may mislead your readers on the subject of nurse-training, for the only institutions where nurses are properly trained

are the hospitals and infirmaries of Swansea, Cardiff, Newport, Merthyr and Pontypridd. Each of these institutions trains and gives certificates to young women after a residence of three years, but what is the value of these certificates? How do they compare with one another in value? Is it possible to standardise them? Would not a Welsh Nursing Board, affiliated to the University of Wales, meet the case, for then the examinations would be held by University examiners, and the diplomas bear the stamp of the University?"

HIGHER EDUCATION OF MIDWIVES.

The London County Council at its meeting on Tuesday, received a report from the Higher Education Committee, who stated that they have considered a request from the Midwives Act Committee that classes may be opened for the instruction of midwives on the Roll of the Central Midwives Board. The Midwives Act Committee state that the responsibilities of midwives have greatly increased owing to the large number of medical practitioners absent on war service, and that the question is one of considerable urgency in view of the paramount necessity in the present crisis of conserving infant and maternal life. The Committee concur in the proposal of the Midwives Act Committee, and reported that they are arranging for the opening of two classes, one north and one south of the Thames. The classes will be restricted to midwives whose names are on the Roll of the Central Midwives Board. The cost will probably amount to about £175. This expenditure is not provided for in the maintenance votes, 1916-17, and a special estimate is accordingly necessary. The Committee recommended

(a) That the following recommendation (b) be deemed to be a matter of urgency within the meaning of standing order No. 239 (b).¹

(b) That the special estimate (No. 131) of expenditure on maintenance account of £175, submitted by the Finance Committee in respect of the provision of classes for the instruction of midwives, be approved as an estimate of costs, debt, or liability, under section 80 (3) of the Local Government Act, 1888.

The Finance Committee, having considered in its financial bearings the above-mentioned estimate, submitted the same as chargeable to maintenance account.

INHERITED DISEASE IN CHILDREN.

Mrs. Scharlieb, M.D., is giving a course of lectures on "Inherited Disease in Children," on Wednesdays, June 21st and 28th, and July 5th, at 8 p.m., in the Robert Barnes Hall, 1, Wimpole Street, W., by the kind permission of the Royal Society of Medicine. The lectures will be illustrated by the epidiascope, and there is no charge for admission.

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EDITORIAL.

THE SIGNIFICANCE OF THE RED CROSS.

There are many members of the nursing profession to whom the work of the International Red Cross Society as conceived and interpreted by Henri Dunant has been an inspiration and an incentive to endeavour, and who regard the red cross adopted by the Geneva Convention as the pledge of an international agreement—adhered to by practically all the civilized States for the purpose of ameliorating the condition of the sick and wounded in war—as a sacred symbol.

It has therefore been a grief to nurses to see that symbol cheapened, travestied, vulgarised, for the Red Cross is a banner under which they fain would fight, yet to-day it too often represents to them honourable work stripped of its dignity, thoroughness replaced by superficiality, steadfastness by triviality.

It was therefore a happy inspiration when Mr. James Kerr-Lawson conceived the idea of presenting us with a picture of the Red Cross; the idea has been finely carried out, and he has restored to us this Cross as the symbol of dignity, of courage, of devotion, of compassion, of self oblation.

This autolithograph with the words "What I gave I have," appended by the artist, now exhibited in shop windows at the West End, causes many a passer-by to pause. It is an arresting picture of a nurse tending a wounded soldier. It matters little that her method of applying the bandage in her hand is open to professional criticism; the artist has caught and portrayed for us the spirit of devotion to an ideal. Equally with the wounded man who lies on the bed, having given his health, his strength, his all to his country, the nurse who is tending him is giving her best,

risking her life and health and spending laborious days in order that she may translate her ideals into action, and, in the pursuance of her duty, may bring healing, help and comfort to those who pass her way. The serious nobility of her face as she bends over the pain-stricken man is far removed from any hint of cheap emotionalism, or the notoriety of the foot-lights. Her whole heart is in her work, her whole desire the welfare of her patient, and we can well imagine that the sick and wounded coming under her care find in her solace in pain, and strength in weakness. The Army cap which she wears, gleaming white against the background of the cross of a warm shade of umber, symbolizes her consecration to the sick and suffering, her remoteness from sensationalism and excitement. She has seen the tragedy of war, its cruelty, its sordidness; she has seen, too, men fighting for an ideal ennobled by their sacrifice, broken yet triumphant; and serene she moves amongst them content if she may but bring some ease and comfort to those under her care, may help to heal the gaping wounds which greed, ambition, and inordinate love of power have cleaved on the fair face of the earth. It is no small part that trained nurses are called upon to play in this war. We may estimate it in some small degree if we for a moment try to imagine what conditions would have been without them.

The picture with its message of healing, of hope, of tenderness, of strength, of inspiration to duty—the duty of service and sacrifice—must prove—has proved—a comfort to many who in these dark days are called upon to make the supreme sacrifice of all that they hold most dear. It is published by the Medici Society, Ltd., 7, Grafton St., Bond St., W., at 5s. a copy, in aid of the funds of the British Red Cross Society.

BOTTLE BABIES.

By M. EVANGELINE JORDON, D.D.S.,
Los Angeles.

One reason why the children in the public schools have such defective teeth is because many of them were bottle babies.

It was recognized very early in the study of carious teeth that the child who was raised at the mother's breast had better teeth, better shaped jaws, and was probably freer from adenoids and enlarged tonsils than the bottle-fed baby.

It remained for the dentists practising exclusively for children to discover the very serious results that may be traced to bottle feeding.

First of these is early decay of the teeth, and the second is the deforming of the jaws.

That the teeth break down early is shown by the records of a children's dentist, where many children, from eighteen months to two and one-half years of age, are brought with one or more teeth decayed and broken off. The child cannot eat, and sickness and often death result unless relief can be obtained.

This sudden decay is found where artificial food or condensed milk containing too much sugar is fed. Condensed milk remains between the upper teeth and lips, and sours. The lactic acid that forms cuts into the teeth, which quickly blacken and break off. After the tooth is broken, the pulp, which is composed of the nerve and blood vessels, dies, and the pus which forms mixes with the food and poisons the child. The pus often burrows into the spongy bone around the roots of the teeth, and causes the death of the bone. This is called necrosis.

A few treatments sealed into the tooth will heal the abscess, and the tooth can be filled and remain in service until the proper time for it to be shed.

If the tooth is extracted the child suffers because it has less masticating surface, and the space is lost by the moving together of the other teeth, so that when the successor to the tooth appears, there is no room for it. If the teeth are not filled nor extracted, the cavities hold the decaying food that fill with disease germs which multiply rapidly and spread through the body. It is now believed that because of this condition in the mouth during childhood the seeds of tuberculosis are planted in the body, which later in life may suddenly develop and cause the person's death.

The prolonged use of the nursing bottle causes the upper arch to grow high and narrow, which results in a permanent lengthening of the face. The upper front teeth may

project and prevent the closing of the mouth. In such cases the child breathes through the mouth, and is subject to inflammation of the throat and tonsils. The air passages of the nose become smaller, and the growth of the adenoids is induced.

If the upper teeth are broken off very early, the lower jaw, having no support, may sag forward and remain in the protruding position.

Where artificial feeding cannot be avoided, the watchfulness of the mother may do much in the prevention of these troubles. The nose must be kept clean, so that there is no obstruction to free breathing. The bottle must be taken from the child as soon as empty, and pacifiers must never be used. The mouth must be kept very clean, and as soon as the teeth appear they must be kept free from stain. If the food is sweet, magnesia will counteract the acid, and keep the stomach more healthy.

—From the *Pacific Coast Journal of Nursing*.

DIAGNOSIS OF TYPHUS: THE SIGN OF THE TONGUE.

The Paris correspondent of the *Lancet* states that a medical man with a large experience of typhus through long observations in Morocco, Dr. Remlinger, has described what he terms the "sign of the tongue." This he has observed especially at Tangier, and it is essentially as follows: When a patient with typhoid or paratyphoid is asked to show his tongue he obeys without difficulty, and the tongue can be drawn forward for adequate inspection. But the same request addressed to a typhus patient has a different result. He cannot do so, or only partially and after great effort. The movements of the tongue are not well under his control. The greatest difficulty is experienced in protruding it, and to do so beyond the dental arches is a matter of impossibility. Often even the tongue is retained within the roof of the mouth, and appears drawn towards the pharynx. Contracture of the genio-glossus is suggested. Sometimes a slight trismus is produced at the same time, provoked by contracture of the masseters, which tends to increase the difficulty in protruding the tongue beyond the dental arches, as these are less widely opened. Special difficulty in speaking, nearly comparable in intensity to that present in tetanus, arises from the conditions described. The sign is of service in the differential diagnosis of typhus from typhoid and paratyphoid.

OUR PRIZE COMPETITION.

We regret that there was no prize competition paper of sufficient merit sent in this week to permit of our awarding a prize.

QUESTION FOR NEXT WEEK.

Describe the methods principally employed to apply artificial heat to a collapsed patient and how you would proceed.

THE ROYAL RED CROSS.

WHO'S WHO.

MISS CONYERS MATRON of the Australian Army Nursing Service; was trained at the Melbourne Hospital, the Women's and the Children's Hospitals in the same city. She came over with the First Contingent, and has been in Egypt till quite recently.

MRS. McHARDIE WHITE, Principal Matron, was trained at the Alfred Hospital, Melbourne, and was sent to Egypt in 1914, and was at first stationed at Alexandria. From there she was appointed Matron of a Hospital Ship going to and from Gallipoli, a post she held till she took up the position of Principal Matron at the offices of the Australian Army Nursing Service, in Horseferry Road, Westminster, S.W.

MISS ETHEL GRAY is Matron of the Australian Hospital at Harefield Park, near Uxbridge. Miss Gray was trained at the Melbourne Hospital, and was Matron at the Perth Hospital, Western Australia.

In the Canadian Nursing Service Miss E. M. CHARLESON is a graduate of St. Luke's General Hospital, Ottawa. She came over in 1914 and was appointed Matron of No. 1 Stationary Hospital, Wimereux. In August, 1915, she was sent to Lemnos and is now at Salonica.

MISS A. C. STRONG is a graduate of the Boston City Hospital. She was on the permanent staff of the Canadian Army Nursing Service and was stationed at the Military Hospital, Quebec. She has served at Netherhaven, Salisbury, and as Matron of No. 2 Stationary Hospital, Boulogne.

MISS B. J. WILLOUGHBY, trained at the Kingston (Canada) General Hospital, came over in 1914, and was stationed at No. 2 Canadian Stationary Hospital. Later she was appointed Matron of No. 5 Stationary Hospital, and sent to Cairo. She is now Matron of the General Hospital at Le Tréport.

MISS E. M. WILSON was trained at the New York Post Graduate Hospital. She came over in March, 1915, and was sent to No. 2 Stationary Hospital, Le Tréport. Later she was moved to Lemnos, and is at present Matron of No. 3 Stationary Hospital, Boulogne.

MISS A. TOMBE, R.N., was, until recently, Matron of the New Zealand War Contingent Association Hospital at Mount Felix, Walton-on-Thames. She was trained at the Dunedin Hospital, and was one of the first Matrons to be appointed a State Examiner under the Nurses' Registration Act in New Zealand.

MISS CONSTANCE TODD is at present Matron of the Brigade Hospital of the Order of St. John of Jerusalem at Etaples. She was trained at Guy's Hospital, and when appointed to the Brigade Hospital, was Matron of the Wandsworth Infirmary.

In the Territorial Force Nursing Service Miss E. C. BARTON is Principal Matron of the Third London General Hospital at Wandsworth, and Miss DARBYSHIRE, Principal Matron of the Second London General Hospital, St. Mark's College,

Chelsea. Miss J. PURVES, Principal Matron of the Fourth Western General Hospital, Liverpool; Miss E. SMALE of the Fourth Southern General Hospital, Plymouth; Miss H. M. COTTAM is Matron of the Stourbridge Section of the First Southern General Hospital; Miss L. G. DALTON, Matron of the Fourth London General Hospital, Denmark Hill; Miss A. H. KERR, Matron of the 3rd Scottish General Hospital, Stobhill, Glasgow; Miss K. G. LLOYD, Matron of the First Southern General Hospital, The University, Bournbrook, near Birmingham; Miss PINSENT was the alternative Matron of the Third London General Hospital, and is now attached to Q.A.I.M.N.S. Reserve; Miss M. S. RUNDLE was till recently Matron of the First London General Hospital; Miss M. SINCLAIR, Matron of the First Scottish General Hospital at Aberdeen; and Miss I. M. TURNER, the alternative Matron of the Third Northern Hospital at Sheffield, and is now attached to the Military Nursing Service Reserve.

LADY PERROTT is the Lady Superintendent-in-Chief of Nursing Corps and Divisions of the St. John Ambulance Brigade.

IN REMEMBRANCE.

"His incomparable life work for Sovereign and country will ever be held in remembrance for all generations."

So wrote Admiral Jellicoe, in the name of the Grand Fleet, of Lord Kitchener of Khartoum, and that remembrance will be his best memorial, but, instinctively, the nation desired to take part in some concrete act, whereby it might express its homage to the great soldier-statesman, whose commanding genius, and capacity for hard work were, throughout his life, placed at the service of King and Empire, with a thoroughness and devotion which commanded the admiration of his friends, and the respect of his foes.

On Tuesday last, therefore, not only was St. Paul's Cathedral filled to overflowing with a vast assembly which included the King and Queen, Queen Alexandra, dignitaries of the Church, the Corporation of the City, statesmen, illustrious soldiers in service uniform, foreign Ambassadors, and many other notable persons, but the streets were lined with those who desired to pay their last tribute of respect to the great Field Marshal. It was the public indeed who guarded their Sovereign on the way to the Cathedral for no troops lined the streets. It was singularly fitting that the salute should be provided by a group of Australian and New Zealand soldiers, wounded in Gallipoli, who with their nurses were drawn up by the railings of St. Paul's. The service was characterised by the beauty which we have come to associate with a Memorial Service in the Metropolitan Cathedral, the most poignant note being the "Last Post" blown by the buglers of the Irish Guards.

The body of Lord Kitchener may rest under the storm-tossed waters of the North Sea, but his spirit lives in those who find their inspiration in devotion to duty, and thoroughness in its performance.

NURSING AND THE WAR.

The following ladies were on Wednesday, June 7th, decorated by the King with the Royal Red Cross at Buckingham Palace:—Miss Annie Tombe, R.N., New Zealand Nursing Service (First-class); Miss Grace Caulfield, Mrs. Smith, and Miss Beryl Ford, Sisters in Queen Alexandra's Imperial Military Nursing Service, and Miss Sarah Soames, Sister, Nursing Staff Military and War Hospitals (Second-Class).

Sister M. German, of Ashby-de-la-Zouche and Burton-on-Trent, who has been holding the position of Acting Matron, was mentioned in despatches by Sir Ian Hamilton for her work in Gallipoli, and later received the decoration of the Royal Red Cross from His Majesty the King. When the history of the War comes to be written a very illustrious page will be that which relates to the work of the medical and nursing staffs for the sick and wounded in Gallipoli. On sea and on land they cared devotedly for some of the most tragic cases the War has produced, and the recognition of this fine work by the King will be acclaimed by the nursing profession as well deserved.

Those nurses who have been the guests of Queen Mary's Hostel for War Nurses, 1, Tavistock Place, W.C., and its charming Superintendent Mrs. Kerr Lawson, will learn with mingled feelings that it is shortly to be moved to more commodious premises in Bedford Place, close to Bloomsbury Square, for the 1,400 nurses who have spent a week or so within its hospitable walls look back to it as a home. But after all the essence of a home is the woman who makes it, and in the new Hostel Mrs. Kerr Lawson will still be found with a warm welcome for all her guests, whether they come from India, Africa, Australia, Tasmania, Canada, America, Iceland, or nearer home, she has room in her affections for them all, and more, her admiration for the nursing profession as demonstrated to her in the many hundreds of nurses from all over the world who have come under her observation in the Hostel is deep and profound.

Mr. J. Lumsden, Vice Chairman Joint V.A.D. Committee No. 12 Irish District, has compiled

an interesting report for the Joint War Committee of the work of the members in Dublin during the rebellion, and he praises unstintedly the courage and resource of those who tended the wounded. He says:—"Where so much gallantry and bravery were shown it is difficult to pick out those who gave the best service. I have already furnished a report to General Sir John Maxwell, the G.O.C., mentioning the names of certain men and women whose splendid services were beyond all praise. There are, however, amongst our women two or three whose gallantry stands out supremely, and whose leadership and example had a splendid moral effect. These are Mrs. Ella Webb, M.D., and Mrs. Constance Heppell-Marr.

He asks for influence to get these ladies the Royal Red Cross and submits the following particulars of each case:—

MRS. ELLA G. A. WEBB, M.D.—Organised hospitals; cycled through firing line continuously. Visited hospitals all over the City finding out needs. Worked with ambulance wagons.

MRS. CONSTANCE HEPPELL-MARR.—Organised hospital; carried in wounded from streets. Brought supplies through firing line. Rendered First Aid in streets under fire.

But Mr. Lumsden is in error when he writes:—"as yet no Royal Red Cross has been granted to Irish women since the war started."

The King has thought fit to honour several Irish-trained women nurses with this decoration for their skilled services during the war, and as we hear daily of the heroism displayed by trained and untrained

women alike under fire during the rebellion in Dublin, we hope that due consideration will be given in high places to claims for honours before any are selected for decoration.

Soon we shall have in existence more memorials to Edith Cavell than to Florence Nightingale; the martyrdom of the former has aroused the deepest sorrow and indignation. *The Australian Nurses' Journal* publishes a picture of the beautiful house, "Penlee," at Summer Hill, near Sydney, given by Mr. and Mrs. Shaw as a rest-house for Nurses, to be known as the "Edith Cavell Nurses' Home." The Association numbers between four and five thousand members; of these 600 are engaged in military work in Europe and Egypt;



SISTER M. GERMAN, R.R.C.

and many more are serving in military hospitals in Australia. The only conditions attached to the gift were that the property should be under the management of trustees and the committee appointed to look after it and be entirely free from State control; that it shall be open to those of all creeds and free from any denominational control; that preference be given to military nurses, that land shall not be leased or otherwise alienated; and that the general contour of the estate shall not be altered, or the appearance of a real "home" be destroyed. In thanking the munificent donors at a meeting in Sydney, Sir William Cullen said that Mr. and Mrs. Shaw had already given their two sons to the

be paid 14s. 3d. a day, with 9d. for laundry and 2s. 6d. for rations, or a total of 17s. 6d. a day; district Principal Matrons and Matrons-in-charge of hospitals, 9s. to 11s.; or, with allowances, 12s. 3d. to 14s.; sister-in-charge or head sister, 8s., or with allowances, 11s. 3d.; sisters, 7s., or with allowances, 10s. 3d.; staff sisters, also masseuses, 5s. 3d., or with allowances, 8s. 6d.; domestics, £1 1s. a week.

In a letter written to his mother at Eastbourne, a sergeant in one of the battalions of the Royal Sussex Regiment says:—"This morning, May 22nd, about 12:30 or 1 o'clock, we saw a most beautiful white cross in the sky. It sailed along



EDITH CAVELL NURSES' HOME, PENLEE, NEW SOUTH WALES.

service of the country. Now they had given the beautiful home of their whole married life. We feel sure Australasian Nurses deeply appreciate their generosity and will make good use of their gift.

Under an amended Military Order the pay of nurses and masseuses in the Australian Army Medical Services has been increased. Formerly a matron has been paid 9s. a day, with laundry allowance of 9d. a day, and mess allowance (in lieu of rations) of 3s. 6d. a day, and, if lodgings are not provided, 7s. a week. Under the amended order the Matron-in-Chief or Principal Matron will

until it reached the moon. I think everyone about here saw it, and for about ten or fifteen minutes there was not a shot fired. There was absolute silence on both sides. We are wondering what this vision means."

It is good news that another book is in prospect from the Abbé Felix Klein, whose diary of the war and work at the American Hospital at Neuilly met with such warm appreciation from British nurses, especially those working in France. The title of the Abbé Klein's fresh offering is "Reflections and Recollections of a French Army Chaplain."

FRENCH FLAG NURSING CORPS.

Miss F. Adine Harvey Wood, cert. General Hospital, Leith, recently Night Sister General Hospital, Birmingham, and Miss Caroline M. Dingle, cert. St. Giles Infirmary, Camberwell, recently Night Sister there, left with Miss Ellison for France on Saturday, 10th inst. Miss Wood and Miss Dingle were deputed for duty to the Military Hospital, Caen, where the F.F.N.C. Sisters have been working since the early days of the War. The Second Canadian Unit are at the Talence Hospital, Bordeaux.

Thanks to Mr. James Milne's sympathetic interview with Miss Ellison in the *Daily Chronicle*, the Hon. Treasurer has received quite a nice little sum of money. Enclosing £10, Mrs. H. Watson Smith writes: "I am glad to be able to do something for our noble Allies who are suffering so much and fighting so heroically for the common cause. Long live France." Miss Alice O'Nagle writes: "I have just read 'A Lady of the Lamp' in the *Daily Chronicle*, and although I can only send 'something small' it is with great love and admiration for the brave, patient, wonderful French Poilu. I, too, just love him for what he is. With French blood in my veins, I understand. And how I wish I could personally help otherwise than by giving a little money, which, however, is from a very sympathetic Irish-French heart."

The French Circle of the Lyceum Club had a delightful *matinée* in support of the Corps last week, at which Dr. Murray Leslie spoke of its aspirations and work in the most sympathetic manner. The Hon. Treasurer has since received the welcome gift of £5 5s. from Mrs. I. MacLeod from the sale of tickets.

A Sister writes from the war zone:—"I enclose a photograph of our abode. It is a very ancient house, and has been much damaged, but three rooms have been made quite habitable for us, and we thoroughly enjoy making the best of our improvised furniture, &c. Half of the roof tumbled off the other day almost on our precious heads. We shall be very sorry if any more damage is done, as they may think of giving us a better roof, and it would be a great pity as it is simply lovely.

We have a bit of wild garden, and it is such a rest after the day's work to sit there and enjoy the evenings. Most of the patients go straight back to the front, and those are the men to whom we like to give goods and luxuries. We are always short of shirts, handkerchiefs (khaki). Do let good kind people know.

You will see Miss Perkins on the left, Mademoiselle de l'Epine with the dog, and 'Henriette,' who takes good care of us, by what was once a window. The big packages of dressings, clothing, &c., we receive through your kind instrumentality, and that of Miss Ellison, are appreciated more than I can say."

This picture greatly pleases us—and to know that trained French and English Sisters are content to be so housed, so long as they are able to relieve the suffering of those glorious heroes who



A VERY ANCIENT HOUSE.

are fighting and dying gladly for France and England. Do not let us forget that our shores are being preserved from attack in the trenches in France, and that all we can give and do in return is duty as well as pleasure.

Thanks to the liberal financial support accorded by all classes of the community in the Federated Malay States, the Committee of Management of the Military Hospital, established by these States at Blackmore End, Kimpton, Herts, has been able to increase the accommodation from 80 to 168 beds. Two new wards, each of forty-four beds, have been erected in the grounds of the house kindly lent by the owner, Mrs. Vincent. The hospital is being equipped with an X-ray installation. Captain C. D. Freer, R.A.M.C. (T) formerly Principal Medical Officer, Selangor, is in charge of the hospital.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for
Lux in Home Hospitals.

Munitions Factory, Chilwell, Notts.—Miss I. Taylor, Miss A. R. Sweeney.

Heywood Mil. Hosp., Colham.—Miss R. Wilson. *Cedar Lawn, Hampstead Heath.*—Miss M. Bell.

Red Cross Hosp., Carmarthen.—Miss H. Monteith. *No. 5 Mil. Hosp., Exeter.*—Mrs. E. Stephens.

Hill House Hosp., Warwick.—Miss L. Lanphier. *Red Cross Hosp., Southampton.*—Miss E. J. A.

Langfold. *Red Cross Hosp., Escrick, York.*—Mrs. E. Robinson.

Red Cross Hosp., Kempston, Eastbourne.—Miss A. M. Bacon.

Kingham Aux. Hosp., Attleborough, Norfolk.—Miss A. Postlethwaite.

Cray Head Hosp., Bournemouth.—Miss M. Nesbit.

Newton Red Cross Hosp., Stourminster Marshall, Wimborne.—Miss L. Charlton.

Red Cross Hosp., Witham, Essex.—Miss E. M. Rhodes.

Aux. Home Hosp., Penarth, Glam.—Miss L. McCallum.

Red Cross Hosp., The Close, Winchester.—Miss M. Rossiter.

Hosp. for Officers, Langley Park, Slough.—Mrs. E. Smith.

St. Dunstan's Hosp., Regent's Park.—Miss A. Cope.

Charnworth Forest V.A.D. Hosp., near Loughborough.—Miss L. M. B. Brown.

St. John's Aux. Hosp., Clitheroe, Lincs.—Mrs. M. Fox.

Divisional Hosp., Ampthill Road, Bedford.—Miss A. M. Armstrong.

St. George's Road, Willesden.—Miss I. Pantou.

Hill House Hosp., Warwick.—Miss M. L. Hogarth.

V.A.D. Hosp., Bishop Stortford.—Miss M. C. Burt.

Higham Red Cross Hosp., Attleborough, Norfolk.—Mrs. H. K. M. Edmiston.

16, The Avenue, Brondesbury.—Miss E. Winters. *Infirmiry Red Cross Hosp., Wimborne.*—Miss G. Knight.

The Weir Hosp., Balham.—Miss E. Cooper.

V.A.D. Hosp., Hayling Island.—Miss E. M. Dowling.

V.A.D. Hosp., The Chalet, Hoylake, Cheshire.—Miss A. E. Walker.

St. John's Aux. Hosp., Porthcawl, Glam.—Miss J. E. Lambton.

Regent's Park Hosp., Southampton.—Miss E. A. Forman.

Hosp. for Officers, Stoodley Knowle, Torquay.—Miss M. Watson.

V.A.D. Hosp., Newton Abbot.—Miss M. A. Bennett.

Cleveland Park, Newmarket.—Miss A. W. M. Sorrell.

Red Cross Hosp., Bulford Manor, Salisbury.—Miss R. DeRIES.

Lund Wood Hosp., Barnsbury.—Miss M. Cotton. *Hillsborough Hosp., Harlow.*—Miss L. A. Filsell.

V.A.D. Hosp., Corsham.—Miss E. Smith. *Murrell Hill Aux. Hosp., Carlisle.*—Miss M. Gawthorpe.

V.A.D. Hosp., Massandra, Weymouth.—Miss W. M. Kirk.

Bodlondeb Aux. Hosp., Bangor.—Miss K. Pennell. *V.A.D. Hosp., Wallfields, Hertford.*—Miss P. E. Adamson.

Baldwin's Aux. Hosp., Griffithstown, Mon.—Miss F. M. Smith, Miss E. Hughes.

Clayton V.A.D. Hosp., Wakefield.—Miss F. E. Barrer.

Langston Towers Relief Hosp., Havant.—Miss A. M. Macdonald.

ABROAD.

Egypt.—Miss H. Green, Miss G. Price, Miss J. Currie, Miss L. F. Wood, Miss M. L. Brooke, Miss E. Gillingham.

Anglo - Russian Hosp., Petrograd.—Miss F. Ingham, Miss H. Hancock.

To Civilian Posts, Petrograd.—Mrs. A. Green, Miss F. J. White, Miss R. Munday, Mrs. C. Parker.

CARE OF THE WOUNDED.

Ten thousand people brought gifts of money and provisions to Queen Mary's Naval Hospital at Southend last week. The Queen herself sent a cheque for £100, a case of walking-sticks, and other things. The gifts were formally received by the Duchess of Portland.

Mr. Herbert Ward gave a lecture at the Æolian Hall on June 14th, at 8.30 p.m., the entire proceeds of which will be given to the French Red Cross. Lord Northcliffe was in the chair.

Mr. Ward is a Chevalier of the Legion of Honour, and has recently been decorated in France with the French Croix de Guerre after being wounded at the front.

Many vaudeville stars have promised to appear at the huge vaudeville entertainment to be given when the Old Chelsea Fair will be revived on June 29th, in the grounds of the Royal Hospital, Chelsea, under Royal and distinguished patronage, to provide funds to buy surgical necessities for our wounded heroes.

The war fair at the Caledonian Market on Tuesday and Wednesday last week resulted in the contribution of £20,000 to the funds of the Wounded Allies' Relief Committee.

To commemorate Lord Kitchener, Sir William James Thomas has given 1,000 guineas to endow a bed at Cardiff Hospital. The Kitchener bed is next the Nurse Cavell bed, which Sir William recently endowed.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The Annual Meeting of the Society for the State Registration of Trained Nurses was, by kind permission of the Royal Society of Medicine, held at No. 1, Wimpole Street, London, W., on Thursday, June 8th. Mrs. Bedford Fenwick, President, was in the chair, and was supported on the platform by Miss M. Heather-Bigg, President of the Matrons' Council, and Mrs. Strong, President of the Scottish Nurses' Association.

The red and white flowers on the platform formed a pleasant note of colour.

Miss Breay, Hon. Secretary, read the following telegram from Sir Victor Horsley, a Vice-President of the Society, whose presence at the meeting was much missed:—

"Matrons Sisters Nurses here solid State Registration. Consider College useless, unworthy Nursing Profession.

"Horsley. Amara, Mesopotamia."

Letters of regret from members unable to be present were reported, including one from Miss S. A. Villiers, Matron of the South-Western Fever Hospital, who wrote:—"I am taking my holiday in June, and am doing a little work on the land, so feel I am trying to help a little."

Miss J. C. Child, at present on duty in the South African Military Hospital at Bourne-mouth, wrote:—"The South African Military Nursing Service members are forming an Overseas Branch of the South African Trained Nurses' Association, so that we may be in united touch with the South African progress. All are watching with interest the present crisis in the political condition of the trained nurses' world in Great Britain."

The names and qualifications of sixty-five applicants for membership were then read by the Hon. Secretary, and they were elected unanimously and with cheers.

THE ANNUAL REPORT.

The fourteenth annual report, presented by the Hon. Secretary, emphasized the imperative necessity for the standardization of Nursing Education, the registration under the authority of the State of those who attain the prescribed standard, and the protection of the title of Registered Nurse.

The Report stated that during the year 526 new members have been elected, bringing the total number of those who have joined the Society up to 4,100; that, the Executive Committee has met six times, and transacted a large amount of business, and that a Nurses' Protection Committee has been formed with Miss E. B. Kingsford as Chairman.

It further stated that the value of focussing the professional support of the Nurses Registration Bill in the Central Committee for the State Registration of Trained Nurses has never been more apparent than during the present year. It has held a watching brief, and from its representative composition has been able to voice and protect the interests of the nursing profession.

The Report referred at some length to the proposal incorporated in a Circular Letter issued by the Hon. Arthur Stanley, M.P., on December 30th, 1915, concerning the foundation of a College of Nursing, outlining a scheme for the government of the Nursing Profession by such a College through a voluntary scheme of co-operation amongst the Nurse Training Schools of the country. None of the self-governing associations of Nurses were consulted, but when the proposal was brought to their notice through the *BRITISH JOURNAL OF NURSING* it was widely felt that no scheme which did not provide for the registration of trained nurses through a Nurses Registration Act, providing for the direct and adequate representation of the registered nurses upon their Governing Body would meet the needs, or secure the support, of the organized nurses throughout the three Kingdoms, and that, while the Nurse Training Schools were concerned with the education of the nurse-in-training, it would be highly dangerous, as well as economically unsound, to make them the governing authority of the certificated nurses who had passed from their jurisdiction into the open labour market, as in no instance are employers of labour given such control over workers towards whom they have no responsibility for providing employment.

The action taken by the Society for the State Registration of Trained Nurses, the Central Committee for State Registration of Nurses, and other bodies, was then detailed.

NEW APPLICATION FORM.

The addition of the following declaration to the form of Application for Membership of the Society was also notified.

To the Hon. Secretary, 431, Oxford Street, London, W.

I, the undersigned, hereby apply to be elected a Member of the Society for the State Registration of Trained Nurses, and enclose is, for this year's Subscription.

I am in favour of the following objects of the Society:—

1. State Registration of Trained Nurses by Act of Parliament.
2. An elected Governing Body for the Nursing Profession, on which the registered nurses have direct and adequate representation.
3. A Central Examination for all nurses, at the expiration of the term of grace provided for in the Nurses Registration Bill, before admission to the Register.
4. The protected title of Registered Nurse for those placed on the General Register.

The Report was unanimously adopted.

The audited account of the balance on hand of £74 17s. The Committee stated that this was due not only to subscriptions, but to the generosity of many donors during the past year, and that all would be needed in connection with the promotion of the work of the Society.

The audited accounts were adopted.

THE EXECUTIVE COMMITTEE.

The Executive Committee for the ensuing year was then elected, on the proposition of Miss M. A. Harvey, seconded by Miss A. E. Hulme. The new members are Mrs. Strong, President of the Scottish Nurses' Association; Miss Ramsden, President of the Irish Nurses' Association; Miss A. M. Bushby, President of the National Union of Trained Nurses; Miss Le Geyt, Delegate of St. Bartholomew's Hospital Nurses' League; Miss Willes, Delegate of the Queen's Hospital Birmingham Nurses' League; Miss Pote Hunt, President of St. Bartholomew's Hospital Rochester Nurses' League; Miss Parker Spann, President of the Beckett Street Infirmary Leeds Nurses' League.

THE PRESIDENT'S ADDRESS.

REGISTRATION UP-TO-DATE.

Mrs. Bedford Fenwick said I propose to give a short *résumé* of the Nursing College scheme as it affects State Registration of Nurses, as I am fully aware how deeply interested members of the Society are in this vital question.

In December, 1915, the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee, issued a letter to chairmen of hospitals and others proposing to organize the Nursing Profession through a voluntary College of Nursing. In it he made the following statement *re* State Registration:—

VOLUNTARY OR STATE REGISTRATION.

"For something like 25 years there has been more or less active agitation in favour of the Registration of Trained Nurses, but for causes into which it is unnecessary here to enter, this movement and others of a similar nature have hitherto failed to attain the object sought.

"There is no unanimous feeling either amongst those responsible for the training of Nurses or amongst Nurses themselves in favour of any system of State Registration. Nevertheless, I am convinced that something should be done at once to co-ordinate the various interests involved, and, without prejudice to ultimate developments, whether by legislation or otherwise. My own view is that for the time at least we must rely upon a voluntary scheme of co-operation amongst the Nurse Training Schools throughout the country.

"With this end in view it is suggested that a College of Nursing shall be founded. This

College shall be a purely voluntary body, which will aim at securing the support and sympathy of the Governors of Hospitals to which Nurse Training Schools are attached, of the leading members of the medical profession, of the Matrons and Lecturers at these Nurse Training Schools, and last, but not least, of the Trained Nurses themselves."

At a meeting at St. Thomas' Hospital on April 7th, Mr. Stanley said: "He had heard two main objections to the scheme—the first, that it would postpone State Registration of Nurses; and the second, that it was not the right time to bring forward the proposal when so many nurses were away on duty at the Front and elsewhere. He came into this business with an open and entirely ignorant mind, and very soon discovered that the overwhelming feeling of the nurses, in whatever grade of the profession they were, was in favour of State Registration, and he had, therefore, been constrained to put State Registration as the first of the three fundamental principles upon which the College was founded."

On June 5th last I learned that a Bill had been drafted by Mr. Stanley's advisers for the State Registration of Nurses; so that the great principle for which the members of this Society have been working since it was founded fourteen years ago, the Registration of Trained Nurses by Act of Parliament, has borne the test of investigation. So far, so good. And just here I want to congratulate Mr. Stanley on having the courage to own publicly that he had failed in the first instance to grasp the strength of the almost universal demand upon the part of thoughtful nurses and others for legal status, and in less than six months to be ready to support it.

We will now return to the action taken by this Society and the Central Committee for the State Registration of Nurses, of which you form a constituent part, when Mr. Stanley's Letter was circulated. No copy was sent officially to either this Society or to the Central Committee for State Registration; nor, as far as I am aware, to any organizations of trained nurses known to have been in favour of legislation. Individuals received it; I was not amongst them. I am inclined to think that this apparent discourtesy was unintentional, in so far as Mr. Stanley was concerned—who has frankly said, "he came into this business with an open and entirely ignorant mind." Presumably he did not know of our existence; but we cannot exonerate his advisers upon this plea.

Naturally we proceeded to show that we were very much alive. Your Executive considered the Circular Letter clause by clause, on January 8th, and passed a resolution affirming: "That the proposed scheme was dangerous to the best interests of the profession of nursing, and that the delegates on the Central Committee should be instructed to oppose it and push forward the demand for legal Registration."

A meeting of the Central Committee was held

on January 15th, to discuss the Letter sent to the Chairmen of hospitals, at which it was agreed to ask Mr. Stanley and his advisers to receive representatives of the Committee and to afford them further information concerning the scheme. This interview took place on March 2nd, when a Memorandum was presented on Legal or Voluntary Registration (upon which we were highly complimented by the Chairman—Lord Amptill), and at which we complained that, having achieved so much for registration by the State we had the anomaly of a Voluntary Scheme being put forward without consultation with the Central Committee; and that we were asked seriously to accept it in substitution for legal registration under a Bill carefully drafted, debated, amended and accepted by medical and nursing associations which have been considering the problems concerned in registration for the last quarter of a century. The last clause of this Memorandum expressed the hope that the Committee which had launched the Voluntary Scheme would co-operate with those who had worked so long and earnestly to obtain the organization of the nursing profession through State Registration—a statesmanlike course, which would command the respect and approval alike of the medical and nursing professions, of Parliament and the public.

In a lengthy discussion which followed, your President supported the proposal that the Nurses' Registration Bill might be taken as the basis of discussion; I urged that the Voluntary College Scheme would not satisfy those women who had been working for so many years to organize the profession. There were hundreds who would not come in if they were not to have legal status, or any economic protection. Almost the whole professional opposition would be eliminated if those supporting the two schemes could arrive at an agreed Bill. The representatives of the Central Committee present were trustees of the interests of a large number of nurses. I asked if our Bill was to go into the waste paper basket? It was agreed to consult the Parliamentary draftsmen in the hope of drafting a comprehensive scheme. Ultimately, after a lengthened discussion, Mr. Stanley agreed to another conference in three weeks' time—on March 24th—to consider such a Bill.

Before that date the Memorandum and Articles of the Nursing College were circulated, and you may imagine the surprise of your President to find that it was almost word for word the old scheme for the "Higher Education and Training of Nurses" put forward by Guy's Hospital in 1905, and opposed successfully by a huge consensus of professional opinion before the Board of Trade, when it applied for incorporation without the word "limited." Pigeonholed for eleven years this scheme, under a new title and with a few new suggestions and verbal alterations, was again offered to the nursing profession as a panacea for all the ills from which it suffers.

The next Conference took place on March 24th, some fifty to sixty people were present. It was

therefore hopeless to discuss the clauses of the Bill seriatim as prepared by the Parliamentary draftsmen. Mr. Stanley said the former conferences had had to be carried on without the scheme being in front of the meeting, and he thought it would be the best procedure to ask for such criticisms as had suggested themselves. As this was not the purpose for which the meeting was convened, Dr. McGregor Robertson (Scottish Nurses' Association) proposed that the Conference should reaffirm their belief in what they considered the vitals, the essentials, the fundamentals of any scheme for State Registration of Nurses. After exhaustive discussion the following resolution was passed with two dissentients:—

"That this meeting affirms as the basis of any agreement the necessity of (1) State Registration; (2) Uniform curriculum; (3) A one-port examination after such period of training as may be found desirable."

A proposal by Major Chapple to form a Committee to draw up a Bill for presentation to Parliament embodying State Registration and the establishment of a Nursing College was ruled out of order by the Chair—until after the formation of the College of Nursing.

Your President pointed out that when the Nursing College was first launched notice was given that the promoters intended to apply for leave to become incorporated without the word "Limited," but now that it was to be merely a Limited Liability Company the nurses would have no opportunity of opposing it before the Board of Trade. The scheme gave nurses no legal status, no protected title, nor anything they had been working for and paying for all these years. It was a subterfuge and must be opposed.

Three days later the Voluntary Nursing College was incorporated by the Board of Trade as a Limited Liability Company, the seven signatories being laymen who know little of nursing organisation or politics, and who proceeded to appoint a Council of nominated medical men and Matrons with power to add to their number, to govern the nursing profession.

Mr. Stanley, as Chairman of this Council, then invited representatives of the Central Committee to meet representatives of the Nursing College to discuss the possibility of an agreed Bill. The Central Committee accepted the invitation if the Nurses' Registration Bill was to be the draft for discussion. This was agreed. These delegates met on May 19th, when a suggestion was put forward from the Chair that a Governing Body for 50,000 to 60,000 trained nurses should consist of 12 persons, 3 to be appointed by the Privy Council, 3 by the General Medical Council and 6 by the College of Nursing. This could not be entertained. We refused to discuss it. (Cheers.)

We then considered the constitution of the General Nursing Council as drafted in our Bill, when a long and somewhat heated discussion took place on the right of the Nursing Profession as a

whole as apart from the College to the College to direct registration. Their own Governing Body. We must have the same principle and it was all decided.

In the meantime the College of Nursing has drafted a Bill, which is marked confidential, and as both parties have now Bills in black and white it remains to be seen if they can be combined, made acceptable to both sides, and presented to Parliament. After the six months' "conversations" we have agreed that Registration by the State is imperative, instead of a voluntary system, for the effective organisation of the Nursing Profession. We have agreed that trained nurses must have the protected title of "Registered Nurse." We have agreed that there must be adequate and direct representation of the registered nurses on their Governing Body, so that we have made some progress, but we have got to agree upon the constitution of a Governing Body the General Nursing Council, and that is the crux of the whole question. We shall not be satisfied with any form of monopoly, through a restricted electorate in the first instance, or government without consent. One man—or rather one woman—one vote is our demand, and from as wide a constituency as possible. Let us hope we may come to a just agreement, otherwise it will be our bounden duty to resist coercion, and to fight for what we know to be right for the profession as a whole.

RESOLUTION.

The following Resolution was then proposed by Mrs. Strong, President of the Scottish Nurses' Association:—

"This meeting emphatically affirms that any Bill for the State Registration of Trained Nurses must make provision for the direct and adequate representation of the Registered Nurses themselves upon the Governing Body authorised by Parliament, if it is to receive the support of the thousands of Certificated Nurses united in this Society."

In proposing the Resolution, Mrs. Strong said that it was a great advance to have made, to concede that there must be State Registration of Trained Nurses, but there must also be direct and adequate representation of the Registered Nurses themselves on the Governing Body authorized by Parliament. At the Glasgow Royal Infirmary, from 1893 onwards, she had taught the probationers that so long as they were in training their duty was to obey, but that at the same time they must think for themselves, and make observations for their guidance when they left the hospital and went out into the world. Although the larger number of the Matrons of the principal hospitals in London might be satisfied with the recognition of the examinations of nurses in those hospitals, they forgot that in Scotland, Ireland, and the Provinces there were many hospitals, giving the

best of training, which were at a disadvantage. Preliminary training could be given in connection with the Nursing Schools, but there must be a Central Governing Body, with the State Examination and Registration of Nurses who had passed through the curriculum of these schools. If the nurses trained in them showed they were not up to the mark, they could go back and try again, but it was most unfair that the excellent training given in the smaller nursing schools throughout the country should not be recognized. Mrs. Strong then read the Resolution, and said that she had much pleasure in proposing it.

Mrs. Lancelot Andrews, in seconding it, said it was very remarkable that it should be necessary to move such a resolution. She doubted if any other meeting of working women would find it necessary to propose a similar one.

Trained nurses were determined to be represented by people of their own choosing upon their governing body. They believed that they would choose those best qualified for the responsible duties they would be called upon to perform. If this proved not to be the case, the nurses would at least have the satisfaction of knowing it was their own fault, but the mere fact of having power and responsibility was a great education.

Miss Beatrice Kent, in supporting the Resolution and referring to the College of Nursing, said that the idea of a College appealed to all; they liked the idea, but organization of the profession through such a College on a voluntary basis was like putting the cart before the horse, and building on sand. She emphasised the need for direct representation of nurses upon their Governing Body, and for the protected title of Registered Nurse for those who attained the required standard.

The meeting concluded with a cordial vote of thanks to the Royal Society of Medicine for the use of the room, proposed by Miss M. Heather-Bigg, President of the Matrons' Council, seconded by Miss B. Cutler, Hon. Secretary, National Council of Trained Nurses of Great Britain and Ireland.

A vote of thanks to the chair, proposed by Mrs. Strong, was carried by acclamation.

At the conclusion of the meeting those present adjourned to 2, Portland Place, where Mrs. Walter Spencer and Miss "Biddy" Spencer, with genial hospitality, entertained them to a most refreshing tea, and afforded the members the much-appreciated opportunity of meeting one another in social intercourse, when the general hope was expressed that a Nurses' Registration Bill might be agreed upon by the

Central Committee for the State Registration of Nurses, of which the Society formed a component part, and the new College of Nursing, Ltd.

MARGARET BREW,
Hon. Secretary.

THE COLLEGE OF NURSING, LIMITED.

A meeting of persons nominated by the Nurse-Training Schools of Hospitals and Poor Law Infirmaries throughout the country as representatives upon the Consultative Board of the College have been invited by Mr. Arthur Stanley to a meeting to be held on Thursday, June 15th (this week) at 3 p.m. in the Great Hall of St. Thomas's Hospital.

Amongst the topics which the Council proposes for discussion are the following:—

1. The first draft of a Bill for the Registration of Nurses to be promoted by the College.

2. The formation of the first Register of Members of the College, and the general conditions for the admission to it of Nurses now in practice.

3. The constitution of the Consultative Board, whether—

(a) As a large body, say 450 or 500, meeting, at the present stage of the College, frequently for the consideration of the general questions relating to curriculum and the recognition of Nurse-Training Schools, and, later, meeting usually once a year at a large town either in England, Wales, Scotland, or Ireland, for the reading and discussion of papers bearing on the training of Nurses, and cognate educational subjects; or—

(b) As a smaller body, say 100, meeting more frequently than would be practicable with the larger number with a view to the examination in greater detail of the proposals put forward by the Consultative Committee.

The Council of the College has drawn up the following conditions for admission to the Voluntary Register. The Regulations are as follows:—

3. Applicants are required—

(a) To be at least twenty-one years of age.

(b) To be of good character.

(c) To hold a certificate or certificates of three years' training in a Nurse-Training School or Schools recognised by the Council for the purpose of admitting practising Nurses to the Register of the College; or

(d) To hold a certificate of not less than two years' training in a Nurse-Training School recognised by the Council for the purpose of admitting practising Nurses to the Register, followed by at least two years' bona fide practice as a Nurse; or

(e) To produce evidence of training to the satisfaction of the Council, having regard to the date at which the training was taken, followed by at least five years' bona fide practice as a Nurse.

The fee for registration and membership is £1.

Such voluntary registration confers no legal status on those who register. The Council has recognised that voluntary registration will not satisfy well trained and certificated nurses, and has therefore wisely resolved to promote a Bill in Parliament for the Registration of Nurses, which the Central Committee for State Registration of Nurses will consider on Thursday, June 22nd.

CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Central Committee will be held, by the kind permission of the British Medical Association, in the Council Chamber at 429, Strand, W.C., on Thursday, June 22nd, at 2.30 p.m. (1) To receive a report from the Hon. Secretaries on the Conference with the representatives of the College of Nursing on the Nurses' Registration Bill; and (2) to consider the Nurses' Registration Bill drafted by the College of Nursing, Ltd., and to take such action as may be desirable.

A meeting of the Executive Committee and the Conference delegates will be held at 11.30 a.m. on the same date at 431, Oxford Street, London, W.

IN AID OF STATE REGISTRATION.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations:—Ralph Haslam, Esq., £1; Miss M. Newill, 15s; Miss J. C. Higginson, 5s.; Miss Rose Conway, 1s.

SOUTH LONDON HOSPITAL FOR WOMEN.

Her Majesty the Queen has graciously consented to open the main building of this hospital, which has been erected on Clapham Common, on Tuesday, July 4th. The building itself will be opened free from debt, but a large sum of money is needed to pay for furniture and equipment and to meet the annual cost of maintenance. Every effort is being made to collect the sum of £8,000 before July 4th, so that Her Majesty may be presented with a sufficient sum to pay for the maintenance for the first year.

The services of medical women are more than ever necessary in the crisis through which our country is passing. They have done—and are doing—splendid work in supplementing the work of medical men. To aid this Hospital for Women and Children, which is staffed entirely by women doctors, will be to show appreciation of the services and sacrifices of hundreds of women who, in response to their country's call, have come forward to work and help in many hitherto untried paths.

NATIONAL UNION OF TRAINED NURSES.

We have received from the National Union of Trained Nurses a copy of their annual report, 1915-1916—pale blue in colour and bearing on the cover the star of the Union suspended from a bar bearing the motto "Per ardua ad astra." It is admirably arranged and printed, in clear type, and its policy, as defined, is equally clear: to watch over the interests of the nursing profession and to promote reforms which will be conducive to its welfare. We are told also that "one of the principles in accordance with which the Union is being developed is that only by placing responsibility on the rank and file and consulting their opinion will the best work be accomplished."

The actual carrying out of such a principle can only be arrived at, it is stated, by degrees under the conditions controlling the work of nurses. But it was with this desire in view that a referendum was held in May to ascertain the feelings of the members on the principle of State Registration. The voting cards were sent out to Full Members only, and 520 replied. Of these 485 were in favour of the principle, and of the Union supporting it, five were unsigned, and ten approved the principle but did not wish the Union to support it, five expressed uncertain or not relevant opinions, and thirty-five were against. The Union has since asked for, and been accorded, representation on the Central Committee for the State Registration of Trained Nurses, and so is taking its share in working for this reform.

The Treasurer's Report shows a balance of £212 7s. 10½d. in hand, but Miss Tawney in dissecting the items points out that "if we would keep our balance on the right side we must all exert ourselves to procure financial help for the Union and not leave it to one or two individuals to do so." That is sound finance. We wish the N.U.T.N. all prosperity in the coming year.

APPOINTMENTS.

Russian Medical Relief Expedition.—Sisters: Miss Ball, Miss F. Bambridge, Miss E. Barton, Miss F. Clifton, Miss M. Crowe, Miss M. Wilson.

Scafold Military Hospital.—Sister: Miss G. Faddy.

MEETING AT THE CITY OF WESTMINSTER INFIRMARY.

(Communicated by the Matron.)

On Monday, June 5th, 1916, at the City of Westminster Infirmary, Miss Violetta Thurstan gave an address to the Nursing Staff on the work of the nursing profession in general, and the National Union of Trained Nurses in particular, in connection with the War. Carrying her audience back to the very earliest days, she gave a brief account of the terrible hardships suffered by the heroic Belgians, our Allies. She spoke of

of building which could be put at their disposal, handicapped by the enormous difficulties of transport—having at times very little nursing equipment, still less of food to give the patients, who were being brought to them in such large numbers that nurses and supplies were all too soon exhausted.

After Belgium came Russia, with even a greater and more pitiful tale of suffering, hardships and cruelty.

Listening to the simply told narrative and looking at the speaker it was hard to realise that she had shared all the privations—that she had been a prisoner in the hands of the Germans—that she knew what it was from painful experience to live on one very scanty meal a day, to be without the most elementary sanitary accommodation, to go a whole month without removing the clothing or being able to indulge in a bath or change of linen—to be actually verminous—and yet to live through it all and to be back again working as eagerly as ever.

In addition to these experiences and her duties as Organizing Secretary of the N.U.T.N., she has written books which make one thrill; her latest now in the Press is called "The People Who Run."

At the close of the lecture a most hearty vote of thanks was accorded by the Matron, Miss Elma Smith, which was carried with acclamation; and the nursing staff gave proof of their appreciation by small donations towards the work of the Society, and others expressed their desire to become members of the National Union of Trained Nurses, so that in some way they could show sympathy with and help on the work of the Society.

THE L.G.B. SCOTLAND EXAMINATION.

The Medical and Surgical Board for Scotland held an examination for the certification of trained sick nurses, and trained fever nurses, at Glasgow, Edinburgh, Dundee, and Aberdeen. The examiners were Professor Glaister, Dr. Chambers, Dr. John Gordon, and Dr. Richard, who were assisted in the practical part of the examination by Miss Clark, Matron of King's Cross Hospital, Dundee; and Miss Campbell, Matron of the Victoria Infirmary, Glasgow.

In all 502 candidates presented themselves for examination. In Anatomy and Physiology 28 obtained distinction, 173 passed, and 46 failed. In Hygiene and Dietetics, 27 obtained distinction, 150 passed, and 32 failed. In Medical and Surgical Nursing (for Poor Law and General-trained nurses) 3 nurses obtained distinction, 55 passed and 8 failed; (for Fever trained nurses) 4 nurses obtained distinction, 19 passed, and 15 failed. In Midwifery, 33 passed and 9 failed. In Infectious Diseases, 13 obtained distinction, 102 passed and 1 failed.

PRIZES AND CERTIFICATES.

On Thursday, June 8th, Mrs. J. Gibson, wife of Mr. J. Gibson, of the Royal Infirmary, Swan Street, Leicester, presented prizes and certificates to the members of the nursing staff during the past year. The successful nurses were as follows:

PRIZES.

Given by Mrs. Gibson to the Nurse who obtained the Highest Number of Ward Marks during the year.—Nurse Hannah Charlton.

Given by the Matron (awarded on the results of the Annual Examinations).—Nurse Ellen Green, third year; Nurse Elsie Eagle, second year; Nurse Evelyn Cragg, first year.

Given by the Matron for Invalid Cookery.—Nurse Beatrice May Vaughan, Nurse Mary E. Burroughs, Nurse Mary Law, Nurse Sarah Ann Wilton.

Given by the Matron for Punctuality.—Nurse Elsie Eagle, Nurse Bertha Nicholson, Nurse Kate Tipper, who had not been once late during the year.

Given by the Medical Superintendent for General Attention to Studies and Lectures.—Nurse Hannah Charlton, Nurse Elizabeth Holton, Nurse Sarah Ann Wilton and Nurse Ellen Green (Central Midwives Board Course); Nurse Elizabeth Holton, Nurse Hannah Charlton, Nurse Edith Simmons, and Nurse Sarah Ann Wilton (third year); Nurse Fanny Wood, Nurse Ethel M. Bramley, Nurse Grace Elizabeth Berdinner, and Nurse Maude Fudge (second year); Nurse Grace Fudge, Nurse Ellen A. Rich, and Nurse Amy Dexter (first year).

- CERTIFICATES.

The following nurses have obtained certificates of four years' training:—Sister Lilian Emily Smith, Nurse Miriam Sketchley, Sister Alice Olive Hawes, Nurse Johanna Burroughs, Nurse Ada Marion Oates, Nurse Catherine Millie Watson, Nurse Ella Edwardson, Nurse Annie O'Hare.

CENTRAL MIDWIVES BOARD.

The following members of the staff have been admitted to the Roll of Midwives:—Sister Olive Ethel Parrish, Nurse Barbara S. Young, Sister Lilian Emily Smith, Nurse Miriam Sketchley, Sister Alice Olive Hawes, Nurse Johanna Burroughs, Nurse Ada Marion Oates, Nurse Catherine Millie Watson, and Nurse Annie O'Hare.

THE INCORPORATED SOCIETY OF TRAINED MASSEUSES.

Her Majesty the Queen has graciously consented to become Patroness of the Incorporated Society of Trained Masseuses. The Work of this Society for the past twenty years has had the approval and support of the medical profession and its members have been actively engaged in work amongst the wounded since the outbreak of war.

APPOINTMENTS.

MATRON.

Infectious Diseases Hospital, Wigan.—Miss Mary Moss has been appointed Matron. She was trained in General Nursing at the Royal Infirmary, Manchester, and in infectious nursing at the Monsall Fever Hospital. She has held the position of Charge Nurse in the Out-Patients' Department at the Royal Infirmary, Manchester, and of Matron at the Isolation Hospitals at Stockport and Ramsey, and at the Borough Hospital, Ashton-under-Lyne.

NURSE MATRON.

Isolation Hospital, Carnarvon.—Miss S. E. Lewis, of Halifax, has been appointed Nurse Matron. She was trained at the Llandudno Council Hospital, and was for several years Staff and Charge Nurse at the Leeds City Hospital.

SISTER.

Putney General Hospital, Lower Common, S.W.—Miss E. S. Palmer has been appointed Sister. She was trained at Chelmsford General Hospital, and has been Staff Nurse at the General Hospital, Nuneaton, and Theatre Sister at the General Hospital, Watford.

Royal Infirmary, Preston.—Miss Mary S. Allan has been appointed Sister. She was trained at the Royal Infirmary, Huddersfield, and has been Sister at the Stockton and Thornaby Hospital, Stockton-on-Tees, and Night Sister at the Coventry and Warwickshire Hospital, Coventry.

Eccleston Hall, St. Helen's.—Miss E. C. Collins has been appointed Sister. She was trained at the Rutland and Stamford General Hospital, Stamford; and afterwards held the positions of Charge Nurse and Night Superintendent in the same institution.

HEALTH VISITOR.

Borough of Yeovil.—Miss L. B. Thorpe has been appointed Health Visitor. She was trained at St. Marylebone Infirmary, and has been Matron of Stratford Day Nursery, London, E., and Sister at the Government Hospitals at Singapore and Georgetown. She has also worked as a Queen's Nurse.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Olive Goddard is appointed to Dorset C.N.A., as Superintendent.

Miss Goddard received General Training at the East Suffolk and Ipswich Hospital, and Midwifery and District Training under the Gloucester District Nursing Society. She has since held various appointments under the Institute.

Miss Esther C. Griffiths is appointed to East London (Stepney); Miss Mary Roberts to Ecclesall.

RESIGNATION.

Miss Carter, the Matron of the Bradwell Joint Isolation Hospital, has resigned the position on the ground that she will not be free to leave the work she is doing, in the Red Cross Service, till

the conclusion of the year, and of which I am uncertain. The Committee entered the post to Miss Pearson, who has been steadily active, as matron.

PRESENTATION.

Miss McGillicray, Matron of the Town and County Fever Hospital, Wick, one of the Scottish nurses who gave their services in aid of the stricken Serbians, has been publicly presented by the people of the town and county with a purse of money in recognition of her personal worth, her patriotic conduct, and her valued professional services.

A "CAMP" FOR NURSES.

The annual Camp for Nurses, arranged by the Nurses' Missionary League, began on Wednesday (the 14th) and lasts till the 28th. A "camp" does not necessarily live under canvas, and this one is housed in a picturesque old house: Old Jordan's Hostel, near Beaconsfield, Bucks. It is in the midst of lovely country. A good number of nurses have registered, but room could still be found for more. If any of our readers have a few days off duty they should write for particulars to Miss Macfee at the above address; or (if time forbids this) go unannounced to Beaconsfield Golf Links Halt by one of the following trains:—from Paddington, 9.27 a.m.; from Marylebone, 10.30, 11.25, 12.55, 3.7, or 4.50. They will be gladly welcomed at the Hostel.

QUEEN'S NURSES' BENEVOLENT FUND.

The Annual Meeting of members of the Queen's Nurses' Benevolent Fund will be held at the Offices of the Queen Victoria Jubilee Institute for Nurses, at 58, Victoria Street, on June 22nd, at 3.30 p.m. We are glad to note that the meeting is to be held at the official headquarters, as the question of pensions for Queen's Nurses is one in which every member of the Council should take a deep personal interest.

THE X-RAY.

AN UNFAIR ADVANTAGE.

"What topsy-turvy men, alas!
Who better see through wood than glass!
And, given a Merry Widow hat,
Show but the wires and pins of that!
And are your fluoroscopic eyes
To all our foibles just as wise?
You 'see through us,' 'tis my belief,
Shoe-pegs to unerupted teeth!
What if no pericardium stays,
Outside the heart, your wizard's gaze;
Then shall your new mysterious ray
Snatch all our mystery away.
You scare us so that we would fain
Go hide behind—a window frame!"

NURSING ECHOES.

We have to thank Mr. Arthur St. Squire for a most kind donation of £100 (per Miss Jeanne Macdonald, R.N.S.), and Miss F. M. Roberts, R.N.S., for 10s., for the fund for Nurse N., which now amounts to £19 16s.

Miss M. S. Rundle, R.R.C., has now vacated the position of Matron of the First London General (City of London) Hospital, St. Gabriel's College, Camberwell, and taken up her work as Secretary of the College of Nursing, Ltd., which has a temporary office at Guy's Hospital, S.E. Miss M. L. Appleyard is in office as Matron at St. Gabriel's College, and Miss G. Cowlin as Assistant Matron. Both hold the certificate of St. Bartholomew's Hospital. Miss Appleyard has also been Matron of the Salop Infirmary, and of St. Mark's Hospital, City Road, E.C., and has been working as a Sister on the staff of the First London General Hospital; Miss Cowlin has also been on the staff of the hospital since its mobilization. It will be remembered that some five years ago Miss Cowlin went to New York, and took the course in Hospital Economics at Teachers' College, Columbia University.

Those nurses who from week to week enter for our prize competitions will be interested to hear that the Matron of a hospital recently told us that it was her practice to take the prize papers as the basis of classes for probationers. We commend the idea to others, and think that it should stimulate competitors to do their very best when they know that they are taking part in the education of their juniors. We also consider it a distinct compliment to the high professional standard and literary merit of the papers sent in.

The interesting article "Repatries" which appeared in our issue of June 3rd was written "By a member of the National Union of Trained Nurses." We hope we may receive more articles from the same eloquent pen.

Dr. Passmore, Medical Superintendent of the Croydon Mental Hospital, commenting in his annual report on the question of the employment of women nurses in male wards in asylums, writes:—"To my mind, the work is degrading to refined women." No work for the physically or mentally sick is degrading, but ennobling to those who regard it aright. Until women of refinement claimed their right to care for the sick in the wards of general hospitals,

degrading, and the patients were left to the care of women of the very lowest class, ignorant, incompetent, drunken, and dissolute, and hospitals were shunned and avoided by those to whom their help should have been extended.

In Scotland, where the work of women in male wards has been much more extensively utilized than on this side the Border, there is a consensus of opinion in its favour, and one Matron of experience in this connection asserts that she much prefers to nurse insane men to insane women.

The question of the appointment of a maternity nurse to the Ballymena district was under the consideration of the Limvady Guardians at a recent meeting, the Guardians' advertisements having failed to attract applicants. The Local Government Board suggested an increase in the salary (£25). The Clerk was directed to enquire whether, in the event of the residents subscribing to support a Queen's Nurse, the Guardians could apply the salary of the midwife as a subscription, so obviating the necessity for appointing a Union midwife.

The promoters of the project to establish a home of rest for nurses as a memorial to Miss Cavell, have received the offer of a house and garden at Hindhead, valued at £2,500. A sum of £10,000, however, will be needed to endow it.

It is interesting to note in the Annual Report of the South Travancore Medical Mission, which is in connection with the London Missionary Society, that the eldest girl in the Orphanage (Annal) is adopting nursing as her rôle in life, and is training at the American Mission Hospital at Vellore. In making the announcement the Report states:—"She has before her a three years' course of steady work which will tax her perseverance and industry, but which will also, we hope, better equip her for the battle of life and for future usefulness."

We are sorry to note that some of our colleagues in the United States are supporting the campaign against Preparedness for War. We wonder how many thousands of precious valiant lives have been sacrificed in this country to our stupid and selfish policy of *laissez faire*, and not preparing to protect our national rights and privileges. You cannot keep a fine jewel safely unless it is under lock and key. The Navy and the Army are the keepers of our Crown Jewels—the Jewels of our homes and

peace. There may come a time in human history when the lion will lie down with the lamb—but that time is not yet. "All progress is strife to the end," says Miss Mollett—mental, moral, or material. It is our duty to prepare. We hear that American doctors are over here inquiring into our system of military nursing, and visiting our military hospitals. That is wise, as our trained Military Nursing Services are worthy of consideration.

A verdict of "Accidental death" was returned at the inquest at Bristol on Friday, 9th June, as to the death of Miss Lilian K. Jones. The evidence was that the deceased was a nurse at the Southmead Military Hospital, and on Tuesday she went for a cycle ride to Henbury with another nurse. As they were going down Henbury Hill an elderly man, who, with others, was walking along the road, stepped straight in front of deceased's bicycle. There was a collision, and Nurse Jones was thrown violently to the ground. Her companion went to her aid, and finding her unconscious, she asked the man to help, which he refused to do. He was apparently sober, but did not seem sensible.

The house surgeon at Bristol Royal Infirmary, to which the deceased was taken, said that death was due to hæmorrhage from fracture of the base of the skull.

The Coroner, in summing up, commented on the fact that two women who were in the road did not give help, but walked on, and that the old man (who it was intended to call, but who could not be found) refused to give help.

In our opinion the conduct of these persons was most inhuman, and it is a pity it cannot be punished.

COLONIAL NURSING ASSOCIATION.

The Annual Report of the Colonial Nursing Association, always interesting, is especially so this year. It was, of course, to be expected that the war would affect the applications for Colonial work, and we read that this has added greatly to the ordinary difficulties of selection and filling Colonial posts. The nurses employed have been 323. Of these 77 have been working as private nurses, 19 in hospitals not under Government, 19 under the Government of Western Australia, and 208 in Government Service in the Crown Colonies.

Of the new developments the King Edward VII Order of Nurses in Cape Colony has proved very successful. The following is an extract from a South African paper of recent date:—"The Council always try to appoint nurses who are

already quite at home in this country, though the Superintendent says that those who have come direct from England have always proved quite successful, and always get on well with the people of the country, Dutch speaking as well as English. . . . These ladies are ready and adaptable, and full of resources, indifferent to comfort (though fully appreciating it when they get back to their centres) and ready to regard any difficulty in the light of an amusing adventure. Though most of them, to begin with, are only English speaking they show a desire and in most cases a ready capacity for acquiring Dutch, and they certainly easily win the confidence of their Dutch patients."

From Blantyre, Nyasaland, an interesting account of the native rising in January 1915 was received from a Nursing Sister who wrote:—"I had gone to spend the week end with some friends about five miles from Blantyre, there being no hint of anything wrong. On the Sunday morning (the 24th), news came that the natives had risen, and a band of them was advancing; indeed we could already hear them. It was a trying position, as there were very few white men in the place with half-a-dozen Indians, and they only had three rounds of ammunition each. The women were collected in a store building on the railway. We were packed away high in the roof on some boards, like chickens on a perch, while the men knocked holes in the wall to fire through. There we sat for some hours in the pitch darkness, not knowing what was going on, which was the worst part of it. No one seemed frightened however. We were not attacked after all, but I had quite an exciting motor drive into Blantyre. I had a loaded revolver ready, and there was a gun in the car, but they were not required, and we got through safely. Later we heard that the band who were advancing went on to a Mission belonging to the White Fathers, which they burnt. All escaped but one, who was terribly wounded in the face and head by spears, and beaten with sticks till they left him for dead. He was, however, discovered later, still alive, and Nurse E. and I nursed him in the cotton store at the camp. . . . We were very proud of pulling him through."

Two of the Association's nurses were passengers on board the ss. *Appam* when she was captured by the German ship *Morce* in January last. A nurse writes:—"I was resting in my deck chair after lunch when suddenly I saw to my surprise what I took to be an old tramp boat coming towards us. Before I had recovered from my surprise there was a tremendous report of a gun, followed by another. Then, how it was done I do not know but quite suddenly the old tramp boat was transformed into a well-armed cruiser flying the German ensign. Although we all now realised her intentions there was absolutely no panic and even after the German commander came on board with, I do not know how many, armed men, we all quietly got our life-belts, and hardly a word was spoken. . . . Then all Army, Navy and

Government officials were transferred to the *Morce* and it was very sad to say good-bye to our friends, for we felt there was very little hope of ever seeing each other again. . . . Shortly afterwards we were again on the move, but had quite altered our course, and from time to time till we landed in Virginia, U.S.A., no one had the faintest idea where we were going. The first night every part of the boat, all down by the state rooms and everywhere, was guarded by heavily-armed Germans, and I felt very nervous. . . . Our food was, of course, cut down at once, and very soon we realised that now the main object of our captors was to keep us out at sea as long as they possibly could, and that would be as long as coal and food lasted. Rice and cheese were what we chiefly lived on, and very little of that. . . . The days seemed very long. We could not take any exercise, as if one did walk on deck one got so desperately hungry. Then, towards the end of the journey, we felt the cold very much. . . . We arrived at Hampton Road on February 1st, and the thought that was uppermost in our minds was that at last our friends at home would know of our safety. The day before we landed the captain took me all over the *Appam*, through the kitchens, store-rooms, &c., including all the different cold storages, all of which were absolutely empty. They had indeed kept us out to the very last."

Another picture is a pleasanter one. A Railway Mission Nurse belonging to the Association writes:—"Life at Davidson is, from my point of view, not without many compensations—for instance, the sunrise and sunset on the horizon, the glorious Northern Lights hanging in vaporous curtains and cylinders of light, and ever changing with remarkable rapidity; the quantity of golden grain growing immediately beyond the hospital boundary and extending northward for miles; the reaping of the harvest by the men clad in their blue overalls and vari-coloured jackets, and singing and whistling in the early morning; the picturesque threshing outfits; and all that goes to make up the work of the ingathering of the harvest is to be seen from the hospital windows."

Eighteen Matrons and Nurses have received the Silver Badge of the Association for "Five years and upwards meritorious service." This brings the list of those who have received this decoration since 1908 to a total of 109.

The Right Hon. Viscount Gladstone, G.C.B., G.C.M.G., has consented to become President of the Association in succession to Lord Amthill, G.C.I.E., G.C.S.I., whose term of office will always be remembered with pleasure by the members of the Service.

The Association has lost by death its Vice-President, Sir Claude Macdonald and Mr. C. T. Bruce, Chairman of the General Purposes Committee. The loss of both is keenly felt. Sir Frederic Hodgson, K.C.M.G., V.D., has been elected Chairman of the General Purposes Committee.

THE CARE OF THE SCHOOL CHILD.

CARE OF THE TEETH.

A lecture on the Care of the Teeth, by R. Denison Pedley, Esq., F.R.C.S., President of the School Dentists' Society, was given under the auspices of the National League for Physical Culture and Improvement, at the London Day Training College, Southampton Row, W.C., on Wednesday, June 7th.

The child's temporary teeth, he said, were five in number in both upper and lower jaw. It was easy to remember this, as the number corresponded with that of the fingers and toes. The first molar or permanent tooth made its appearance about the sixth year. At twelve years there should be none of the temporary teeth remaining. In the transitional stage it was most important that the child should be free from dental disease.

The lecturer here showed a chart illustrating the percentage of dental disease taken from careful statistics of a large number of children. It was shown that in the transitional stage six to ten the evidence of disease was greatest. It dropped between the ages of eleven and thirteen and a-half and again rose, till at the age of sixteen the percentage of disease was as high as that shown in the temporary teeth between the ages of six to ten. Something should be done to remedy this serious evil.

A diagram was shown illustrating the structure of a tooth, with its nerve chambers, artery and vein. The enamel, he said, was like armour plating, and when chipped off left the softer structure and nerve chamber liable to the invasion of bacteria from fermenting food. The lecturer then explained the cause of toothache.

The nerve chamber being infected caused an increased flow of blood to the part. There was no possible means of expansion in a tooth, and the extreme pressure caused by so much blood being pumped in which could not escape, brought about the very severe pain of toothache. Following this condition, the pressure of mastication was sufficient to pump the septic material into the structure of the jaw. This was often the cause of an abscess being formed.

A remarkable fact was that out of a thousand children found to be suffering from dental caries, not one complained of toothache. Pain was not the most important symptom, and he wished to impress upon his hearers the vast amount of dental disease that existed in which there was no evidence of pain. Even adults neglected bad teeth which were not painful.

Some of the evils arising from dental disease were imperfect mastication, which led to imperfect digestion and malnutrition, and this was specially injurious to young growing bodies.

Next, poison in a modified form was introduced into the system, and would in some degree neutralise the effect of the best food. Next, one imperfect tooth made another. A large number of school children thus started life handicapped.

If pain were present it meant that vital energy was going in the wrong direction, and was thus diverted from the child's studies. He spoke of certain Poor Law schools where there was a dental surgeon in constant attendance, and every mouth there was in a healthy clean condition.

PRACTICAL POINTS.

The Aseptic Operating Room.

From a French journal, the following description of an aseptic operating-room is quoted by the *American Journal of Nursing*: "It is to be ventilated exclusively with sterilized air. The spectators stay in an adjoining room with a glass front, a short distance from the operating table. The surgeon's remarks are transmitted by a telephone and megaphone to the auditors. There is a protecting zone around the operating room, in this the sterilizing service is installed. This, in turn, is protected by an outer zone, containing the anesthetic room, and the surgeons' and nurses' toilets. The doors, when closed, present an absolutely smooth surface continuous with the inner wall."

Pediculicide.

The same journal gives a prescription for destroying pediculi. Fluid extract of stavesacre, two drams; dilute acetic acid, six ounces. Apply externally three or four times a day until the nits have all been hatched.

Inadequacy of Ordinary Methods of Disinfecting Typhoid Stools.

Dr. Edgar M. Green states in the *Journal of the American Medical Association* that reports received from about thirty hospitals throughout the State of Pennsylvania show that most of the institutions are disinfecting stools with chlorinated lime or phenol carbolic acid, or some of the composite commercial disinfectants; while the period of time allowed for disinfection varied from a few moments to an indefinite period. Pathological experiments show that such disinfection is useless. Steam sterilization can be made complete in a typhoid stool in from twenty to thirty minutes. The method is both thorough and economical, and should be insisted on in all hospitals. At present not more than fifteen per cent. of the hospitals are using this method. In private practice where steam is not available, the well-broken-up stool should be exposed to a five per cent. solution of commercial formaldehyde for at least two hours, or else the stool should be treated with a cupful of commercial unslaked lime and hot water. This will generate enough heat to kill the pathogenic organism.

Artificial Eczemas.

A French surgeon states that eczema may develop around a wound from too prolonged or needless use of iodine or hydrogen dioxide. No efforts need be made to heal it; if the skin is left alone it will recover.

WHO GOES THERE? *

"Who Goes There?" is the title of "Aunt Sarah and the War," opens with some pages from the Diary of Miss Pauline Vandeleur at Mrs. Neldon-Weldon's Hospital, 60, Grosvenor Square, in which are related the story of "The nice new Boy in Bed No. 3." The boy had been badly wounded in the fighting round Loos—so badly that two of his own men running by stopped and stooped and turned him about, and then hurried on, one saying to the other "Past praying for." Still later an inquisitive bit of shrapnel came and "took liberties" with him and tore away even some of the flesh of his breast. He said he felt his heart sent over to the wrong side. "A moment later a brother officer bent over him with a brief recognition, put a handkerchief over his head as the guard and sun shade or cement."

"The boy had just enough strength to pull this kind, and perhaps even reverent, covering down over his torn breast. That instinctive act saved his life, the surgeon afterwards thought; for the dust and earth thrown up all about him must have bred blood poison." At last he was borne away to the base hospital, deftly bandaged, and then laid out not as dead but nearly so, with half a dozen other unfortunates in a cattle truck. That jolting railway journey seemed to spell out for him all but the very final word in the vocabulary of poor human agony. At Rouen, a doctor boarded the carriage announcing: "I can take two—the two worst of you; the others go on to Boulogne." Each sufferer cast his vote for his comrade: "Take him I'm nearly fit; there's nothing very much wrong with me." The Boy was one of the fortunate two to be detrained. When he told this for the first time his voice failed him. Then he said in explanation, "As we two were lifted out of the truck we heard the others sob."

After this it is good to hear that though he may never be perfectly fit he had convalesced sufficiently to say, "Sister, how good it is to be alive."

Miss Vandeleur's comment on the nurses is interesting: "The splendid trained staff here are my hourly admiration. Every woman a born nurse—nonsense; as well call every man a born soldier! One soldier in every man, maybe, as Owen used to say, or one nurse in every woman; but that's perhaps a very small percentage of his and her total pop. Even the most dedicated nurse finds herself sistered inside by other inconveniently intrusive women. 'Who goes there?' she challenges them, and the countersign isn't always 'Friend.'"

Here is another item from the diary:—

"In a certain hospital lay a private—both legs broken, one arm off, one finger missing from remaining hand, one eye out, a fractured skull. Margarita, on a cheery round, approaching him,

said: 'Well, my man, I suppose you're longing to be back in the trenches?' He looked up with his remaining eye, and slowly said: 'Use your common sense mum.' He hadn't spoken for three days—he was not expected to speak again."

"THIS ENGLAND"

The second chapter of the book, by the late Captain Owen Tudor, V.C., is concerned with "This England." Writing of "the nation in the man," Captain Tudor says that "generations are at war with generations in the most pacific of us. Teuton and Celt, Saxon and Dane and Norman fight the old fights, slay and are slain, on our newest body's battlefields. . . . A Restoration granddam in us smiles into a looking-glass, from which a Quaker ancestress averts her gaze, &c. We went to the Holy Sepulchre with Cœur de Lion; to Greece with Byron; . . . there's a saint in every sinner, and a sinner—both him! in every saint."

A conversation is related between Captain Shireburn, a Roman Catholic, one of the components of "This England" and Captain Tudor, and the reason why the former came to fight the battle of an officially Protestant country is interesting, and should be studied.

"I'd fight with an added happiness," said Stephen Shireburn, "for a land firm in the faith of my fathers. Still the Establishment of a Church, though not mine, seems right enough as a national recognition of religion. . . . 'This England' in a sense is not only the greatest Protestant, and the greatest Mahometan, but also the greatest Catholic power—my heart and my sword at her service, sir! . . . We are not ingrates, Owen. Fifth George was the first of his house who didn't begin his reign by dubbing us idolaters—and he, too, the first of his line (happy auspice!) who doesn't speak German."

"So you see why I am out for England. Could I have stayed away, do you think, with that recumbent cross-legged effigy in the Church at home (we have a Crusader in the family) to reproach me? . . . We—I am last of my line, my father's only son, and if it should be my fate to stay behind in the last trench, please see to it someone, that my legs are crossed!"

Another night trenchant—as these nocturnal trench talks were called, "was with Brendan O'Neal, a capital fellow, a new type of Irish officer whom the great war has brought into harness in the common cause."

"Irishmen fighting now for Ireland," said Captain O'Neal, "know that their cause, which is the cause of arbitration courts and of kept treaties is the cause of all righteous men."

In the light of after events Captain Tudor's remark, "I've a friend at home—you and she must like each other well some day, Brendan," is interesting.

The last words of Captain Tudor's notes sent to his cousin are: "Next time I write it shall be—livelier. But you'll know that there's a heart—

*Burns & Oates, Ltd., 28, Orchard Street, London, W. 1S. net.

but in every word I have set down in every corner of it, and now in this . . . top . . .

(The notes were finished at the dawn of the day in which Captain Tudor fell in action.)

MAKE AND MENDS.

In chapter three we have more pages from the Diary of Miss Pauline Vandeleur, the title being taken from the name given to certain half-holidays by a middy in the Mediterranean, "rather industriously labelled 'Make-and-Mends.'"

"I have now begun Make-and-Mends of my own," says Pauline. "I use them to copy out Owen's notes, named by his friend, Captain O'Neal, 'The Incomplete Faith of a Fellow in Flanders.' The coming here of Captain O'Neal, to whom Owen had given our address, makes many things clear. . . . 'Brendan' he begs me to call him, for Owen's sake, and somehow you can Christianise an Irishman quicker than anyone else."

Again, "Brendan constantly busies himself in the making of a Note Book—devoted to the deeds of daring done all these days by his fellows—a sort of postscript to what he was able to say to the living Owen, things that Owen would have loved to hear and see. . . . The Dominions overseas—he counted on them, of course; but how could he ever have forecast Canada's hundreds of thousands of men; Rajahs and rupees pouring in from India; South Africa in the field for us; and Australia's instant uprising of the flower of her manhood? Though an alien flag flies over Anzac, that spot has taken its place on the Imperial atlas; it is marked red, red as the blood of martyrs. It is very Australasia by the dust it enshrines."

The announcement of "Another war widow to wed" finds Miss Vandeleur feeling about for excuses for this girl of barely twenty. "Still," she writes, "I should have thought that her former marriage, her marriage, made all the difference—a second-hand husband!"

Next we have a quotation from a letter from Colwyn Phillips, the elder son of Lord St. Davids, who before he was twenty-six fell gallantly leading his men in attack on an enemy trench near Ypres. This is what he wrote from the trenches to his mother just before she died, and about two months before he himself fell:—

"This is not a letter. It's a testimonial. I give you a character of twenty-six years. You have never advised me to do anything because it seemed wise unless it was the highest right. Single-minded you have chosen love and honour as 'the things that are more excellent' and you have not failed. You are to me the dearest friend, the perfect companion, the shining example, and the proof that honour and love are above all things, and are possible of attainment."

One more quotation. Pauline was reading to Brendan the words in which a girl of another race addresses her English wooer:

"What is mine then, and what am I? Not a curve in this poor body of mine (for the sake of which you dotingly think you love me), not a gesture that I can frame, not a turn of my voice,

not a look from my eyes, no, not even now when I speak to him I love, but has belonged to other's The hands of the dead are in my bosom. I am a puppet at their command. Is it me you love, friend, or the race that made me?"

"Brendan rose up and cried out against that. . . . 'Now is the acceptable time for the new self-consciousness in nations, in you, in me. Those dead hands sway no longer, dear girl; don't deny to them the rest that is their due. . . . Children of yours shall carry on a tradition that you have modified, perhaps even reversed. You shake your head. Why, girl, some touch of Owen himself has passed into your blood; unconsciously you reproduce little movements of his, little tricks, his very tones. Do you think he did not dare to hope, even in death, for some sort of fatherhood—of your conveying? hoped it in a world of signs and wonders, where all expectation has some measure of fulfilment, every dream its reality, every wish its consummation. . . . Sister, listen!' 'I listen!'"

Did Owen Tudor in that other world which is so near and yet so far listen too?

THIS ENGLAND.

This royal throne of Kings, this sceptre'd isle,
This earth of majesty, this seat of Mars,
This other Eden, semi-Paradise,
This fortress built by Nature for herself
Against infection and the hand of war;
This happy breed of men, this little world,
This precious stone set in the silver sea,
This blessed plot, this earth, this realm, this
England,

This land of such dear souls, this dear, dear land.

Shakespeare

COMING EVENTS.

June 15th.—Central Midwives' Board Meeting. Caxton House, S.W. 3.30 p.m.

June 15th.—Meeting Consultative Board College of Nursing Limited, St. Thomas's Hospital, S.W. 3 p.m.

June 22nd.—Central Committee for the State Registration of Nurses. Meeting Executive Committee, 431, Oxford Street, London, W. 11.30 a.m. Meeting Central Committee, Council Chamber, British Medical Association, 429, Strand, W.C. 2.30 p.m.

June 26th to 30th.—General Lying-in' Hospital, S.E., "Post-Graduate Week." June 26th, Reception by Matron and Staff. Tea, 4 p.m.

June 29th.—National Union of Trained Nurses. Conference on "The Present Situation in the Nursing Profession," 46, Marsham Street, Westminster, S.W.

July 1st.—League of St. Bartholomew's Hospital Nurses. General Meeting. Clinical Theatre, St. Bartholomew's Hospital, E.C. 2.30 p.m. Social Gathering in the Great Hall. 4 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A FEW HOME TRUTHS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read the letter by "V.A.D." in the JOURNAL of May 27th, and it would be very amusing and could be treated with contempt were it not that, unfortunately, there are many people at present holding the same views. It would be interesting to know if "V.A.D." had ever taken an interest in the nursing profession or in the patients before she leapt amongst them during the world's great crisis? Are the "V.A.D.s" with us for love of the sick? No; because the sick ones have always been with us; but rather it is because their own men are involved that they answered this call, having lost their companionship and time hanging heavily on their hands. Had "V.A.D." had the good fortune to attend a gathering of representative trained nurses, such as have been received at Buckingham Palace and Marlborough House, she might realise they are not entirely devoid of education and culture and that snobbery, jealousy and insolence are not the characteristics of those who have given up their lives—not during a great and exciting crisis—but have devoted their best energies to following in the footsteps of Florence Nightingale, in helping to alleviate the sufferings of our sick—poor and rich, civilian and military.

I think when the time comes—which, I pray, may be soon—for this terrible carnage to end, the "V.A.D.s" will disappear, with the exception of those who have found their vocation in nursing, and who will then train as we have done, to perfect themselves in their work.

With our recent experiences and looking at conditions from a professional point of view—not necessarily a narrow one—it is our duty to fight against the inclusion in the nursing profession of the untrained, through State registration, if the sick are to be protected, and to obtain the same protection for trained nurses' uniform as has been granted to that of "V.A.D.s"

Yours truly,

L. C. C.

Hendon.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—With reference to the letter on "A Few Home Truths" which appeared in a recent issue, do you think that the lady who wrote the following sentence is in a position to deplore our lack of education?

"If I may say so, what the nursing profession is suffering from is lack of education, and the reason why we V.A.D.s are often preferred by the Doctors, to say nothing of the patients, to

professionals, is that many nurses not having been brought up in refined homes, begin in hospitals to be taught things we have been taught all our lives:—(1) How to associate with men without cringing or familiarity; (2) How to take hold (many of us come from the governing class), and (3) We have good manners, can speak grammatically, many of us are young and good-looking, some have money which smooths the way all the world over; others good social connections; and we have a powerful rich corporation at our backs."

This V.A.D. goes on to tell us that, after only a few weeks' training, she and her friends were commended by the leading Doctors for their skill and success in nursing serious medical and surgical cases. Perhaps if they went to a University they might be commended by the leading Professors for the beauty and refinement of their literary style. This might rouse the jealousy of past and present graduates, people no doubt of "inferior social status!"

May I add that most of the V.A.D.s whom I have met have filled me with respect and admiration and I quite realise that your correspondent's claim to represent the V.A.D.s is quite as vain as her ambition to represent the governing class!

I am, Madam,

Yours faithfully,

A TRAINED NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As another V.A.D. who also reads THE BRITISH JOURNAL OF NURSING, may I beg you and your readers not to judge a very large body of women by the impertinent letter of one member.

I hear that the registration of V.A.D.s is much discussed by trained nurses, but, honestly, amongst the V.A.D.s themselves I have never heard it spoken of and I naturally can only speak of those I have met myself, those working in this hospital. I have not met anyone who suggested nursing after the war, except a few who intend to take their training and enter the profession in the usual way.

Your correspondent "M. V. W." raises a question as to our name, V.A.D. May I explain how it is that we hold this title? The Voluntary Aid Detachments of the British Red Cross Society were formed in peace time and each detachment is able to run its own emergency hospital. Every ordinary member must hold the First Aid and Home Nursing certificates of the Society. A commandant and quartermaster are appointed; they need not hold any further certificates, although they often have taken the more advanced examinations. Their work is purely administrative. Every detachment must also have a doctor, a trained nurse and a dispenser.

When the War Office began to open large hospitals all over the country they were faced by a difficulty. A civil hospital has its probationers working under a trained staff. A military hospital has its orderlies working under trained

sisters; it was not fair that trained nurses should waste their time doing the routine work of a ward, they were needed for the actual nursing. Men could not be spared to staff all the new hospitals, even if they could be found in sufficient numbers. The War Office turned to the Red Cross and St. John's for aid. Here were thousands of women who had taken practically the same examinations as the orderlies of the R.A.M.C. We were asked to volunteer for "special service" under the War Office, pay £24 per annum (board and lodging found).

I don't think when "M. V. W." takes into account the fact that we provide our own kit altogether she could call us "well paid." The R.A.M.C. orderly draws 1s. 4d. a day as a private and has full kit provided; he can also gain N.C.O. rank, which will increase his pay. We draw 1s. 3½d. per day and buy our own kit, and our rank is stationary. It is not likely that educated women are unable to earn more than that in their own profession or if of independent means are likely to have been attracted by the magnificent pay.

A soldier draws pay, but he is called a volunteer if he is not a professional soldier.

Because we came originally from the Voluntary Aid Detachments the name V.A.D. has stuck. Give us a better one and we will use it. We have no right to the title nurse. While there are still R.A.M.C. orderlies in the hospital it would only cause confusion to call us orderlies. In hospital slang we are often known as the Red Crossers, but that would hardly do for an official title.

May I beg just a little charity. Surely there must be one trained nurse who reads this journal who has met at least one V.A.D. she could respect and who was useful to her. If there is such a one, won't she say a word for us?

Nurses, don't let those members of your profession who have never worked with us judge us altogether by the one sample we have so far provided in THE BRITISH JOURNAL OF NURSING.

Pardon me the length of my letter.

Sincerely yours,

HESTER KENNEDY, V.A.D.

Fulham Military Hospital, S.W.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Some of the V.A.D. staff of one of the largest of our military hospitals having read a letter in your issue of May 27th entitled "A Few Home Truths," feel compelled to ask permission to reply by saying how much they regret that any woman signing herself "V.A.D." should make her ideal public when she was so obviously feeling bitter and self-centred. They feel that the question of social position is left outside a hospital gate by a sensible V.A.D. The sisters are superior officers in work which V.A.D.s have undertaken during the war, and though it is most obvious that V.A.D.s are representatives of all classes it is more certain that neither good breeding, brains nor education are the monopoly of their ranks. If there are trained nurses who

are unfit socially for positions they hold, there are also many cultured and intellectual women contented to serve in subordinate positions. If there are V.A.D.s of exalted rank they are much to be pitied if they have not also learnt to "play the game" in the hospital in which they are privileged to serve.

With regard to registration, V.A.D.s hope that their work may be recognised as *V.A.D. work*, and their position, though entirely separate from one gained by the practical hard work of a professional nurse, is not without its value in the day of the Great War.

We are, yours faithfully,

V.A.D. PROBATIONERS.

Camberwell.

REPLIES.

Sister ("Somewhere in France").—We sympathise with your difficulty. If senior officers do not maintain discipline in military hospitals it is almost impossible for juniors to do so. Personally we should ask the Matron-in-Chief to be removed elsewhere, unless by leaving the patients would suffer.

T. C. (Manchester).—Many nurses with fever nursing experience only have been refused work in military hospitals. It is necessary that nurses should have experience in a general hospital for military nursing.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed on Friday, June 23rd, 2.30 to 4.30 p.m., at 431, Oxford Street, London, W., or by arrangement with the Hon. Secretarv. Candidates must be well educated, and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing and massage, and a knowledge of French are additional advantages.

OUR PRIZE COMPETITIONS.

June 24th.—Describe the methods principally employed to apply artificial heat to a collapsed patient and how you would proceed.

July 1st.—What points should a nurse attend to in the general management of a patient suffering from valvular disease of the heart?

July 8th.—Describe briefly the object and effects of vaccination. Describe the method of introducing the lymph and the stages of development in a successful vaccination.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

SOME HOSPITAL DEVICES AND PROCEDURES.

Miss Nancy L. Cadmus, B.S., contributor to *The British Journal of Nursing*, writes an interesting

illustrated article on some hospital devices and procedures as used in the Manhattan Maternity and Dispensary, New York City. We reproduce:—

A Double-faced black rubber bag used in the cans (equivalent of a "rounder" in this country), by means of which the paper bags containing soiled materials are never handled by the porter, who places a clean rubber bag in the can as he removes the used one. When emptying the contents he permits the bag to turn wrong side out, after which it is subjected to a cleaning process and is next used with that side out.

Another device illustrated which Miss Cadmus says has furnished much relief from the smell of burnt rubber is a basket in which nipples, breast-shields, &c., are placed, after being cleansed, and are plunged in boiling water for three minutes. This basket is an ordinary strainer or egg basket, to which the engineer of the hospital attached legs made of galvanised tin. Miss Cadmus writes: "I consider this device a prize."

Ventilators in windows are other devices born of necessity. Because of the location of the windows in the nursery ventilation without a draught on the babies was nearly an impossibility. These ventilators are made of galvanised tin, and consist of an air chamber inserted into an adjustable board, which rests in the window

under the lower sash. The chamber with an opening in the lower section is dropped back of the radiator, thus causing the introduced air to pass through the heated air from the coils of the radiator. The intake of air is controlled by a damper just inside the adjustable board, and an indirect ventilation is secured by the lapping of the two sashes of the window.

A useful suggestion in another illustration indicates a plan whereby walls about a sink are protected by white enamelled cloth curtains, bound with white tape, and suspended on small cup hooks inserted in a light bar of wood.

A New View of the Dressing Carriage p. 339. This is an adaptation of that long in use by the Sloane Hospital for Women. The basin in the centre is for cotton potages in a solution; the quart cup contains solution for irrigation; and the hydrometer jar carries the sponge holder in a solution.

A bag suspended from an S hook on a bar of the bed contains eighteen cotton sponges and six vulva pads, enough for three patients when dressings follow one after the other. These dressings are sterilized in the bag. A large pitcher (not shown in our illustration) contains an extra supply of solution to replenish when the quart cup is emptied. Each patient has her own sheet for draping kept in her bedside table and it is repeatedly used unless it becomes soiled.

The nurse rolls her sleeves above her elbows and thoroughly washes her hands with soap and warm running water but does not scrub or disinfect them. She cleanses the patient entirely by



REMOVABLE BAG USED TO RECEIVE PAPER BAGS FILLED WITH DRESSINGS AND SOILED DIAPERS.

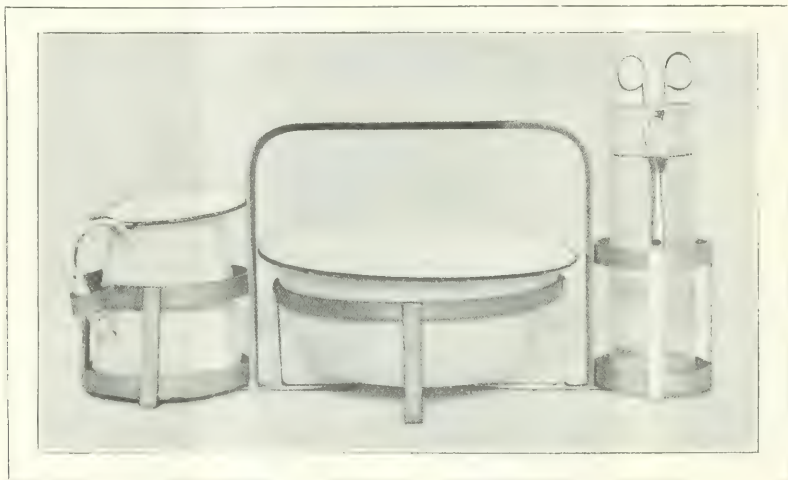
goggles and by sponging the sponges grasped by the sponge holder, thus eliminating the need of disinfection of the hands. The time required to do a post-partum dressing from the placing of the screens about the bed until the nurse has finished is about fifteen minutes.

PRINCESS CHRISTIAN HAMMERSMITH DAY NURSERY.

The annual report of the Princess Christian Hammersmith Day Nursery expresses satisfaction that the crèches are now recognised by the Board of Education as a factor in elementary education. This particular crèche meets a great need in the district, and it is only to be regretted that daily applications are made which have to be refused. If subscriptions and donations are

ALCOHOLISM IN RELATION TO WOMEN AND CHILDREN.

In "The Drink Problem," edited by Dr. T. N. Kelynack, and published by Methuen & Co., Ltd., Mrs. Scharlieb, M.D., writes of Ante-Natal Influences. "The development and well-being of each individual depends very largely upon his environment, but still more upon the condition, mental, moral, and physical, of the parents to whom he is born. We have been accustomed to think that certain diseases, such as phthisis, were hereditary, and it is only lately that we have been awakened to the fact that children are born, not with a distinct heritage of consumption, but with a certain peculiarity of tissue rendering them more liable to invasion by the bacillus of tubercle, and



A NEAR VIEW OF THE DRESSING CARRIAGE.

forthcoming, it is contemplated to enlarge the sphere of usefulness by developing a new crèche. To quote from the report, "Now that, more than ever, lives must be saved for the nation, and not only saved but made healthy, morally and physically, the crèches are a public necessity." We heartily endorse this statement, and are sure that no more patriotic work can be undertaken than the preservation of infant life. The Nursery is at 135, Blythe Rd., Hammersmith, W.

PENALTY FOR ACTING AS MIDWIFE.

At Doncaster recently Mrs. Warren was fined £4 for acting as a midwife without holding the certificate of the Central Midwives Board. The defendant had been a registered midwife but was struck off the Roll.

we have learnt that to a great extent it lies in our power to prevent the organism from such invasion and so to strengthen the tissues that they shall not be unduly liable to attack. Much the same argument applies to alcoholism. The child of the female drunkard is not born with a direct alcoholic tendency, but is probably born with ill-nourished tissues, and especially with a poorly-developed brain and nervous system, which render him more liable than a healthy individual to fall under the influence of drink. In addition to this such a child is seldom properly nourished during infancy and childhood; his mother's condition prevents her affording him healthy milk. In addition to all this, the character and example of an inebriate mother conduce most powerfully to the development of an alcoholic tendency in her offspring."

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EDITORIAL.

PROFESSIONAL ETHICS.

The ethics of the profession of medicine are well understood, and except in isolated instances loyally observed. Consequently, patients go with confidence to the consulting room of the medical practitioner, disclose their secrets, and "open their griefs," knowing that their confidences will be respected.

Well trained and honourable nurses have adopted the ethical standards of the medical profession, and although it is not the custom in this country, as it is in some training schools in America, to administer a modified form of the Hippocratic Oath before the nurse receives her certificate, yet it is none the less incumbent upon all nurses to maintain silence on matters concerning their patients, or their affairs, which have come to their knowledge in the course of their professional duty. The same rule applies to midwives, indeed the office of midwife is often only an extension of that of nurse, and ideally midwives should always be trained nurses. It cannot moreover be too strongly emphasised that the standard of ethics observed in relation to patients in Park Lane is just as binding in Bethnal Green, the rich and poor are entitled to the same treatment.

We are led to make these remarks because some persons appear to think it legitimate to secure information of a private and personal character in regard to the poor for which they would not think of asking in the case of the well-to-do.

Thus, as we report in another column, the Central Midwives' Board, at its last meeting, had before it a copy of a circular letter forwarded by the Medical Officer of Health for Chatham—addressed to midwives asking whether they would be willing to supply names and addresses of expectant

mothers in order to facilitate ante-natal visiting in connection with Infant Welfare Work. There can be no doubt as to the correct reply which a midwife should make to such a circular. It is that the relations between herself and her patients are entirely confidential, and that she declines to give the information desired. To adopt any other course would be at once to remove her from the position of confidential adviser and friend, whose influence for good may be almost unlimited, into an amateur detective. Moreover, the midwife herself is quite capable of keeping the patient she is engaged to attend under observation, and of advising medical assistance if needed.

There can be no doubt what replies the authors of this letter would receive if they addressed it to West End consultants, or what their patients would say and do if such information, given in confidence, were divulged without their consent. Professional ethics are not practised only in the case of wealthy patients who can pay high fees. The most recently qualified midwife should be as scrupulous in regard to the affairs of her poorest patient as are the Presidents of the Colleges of Physicians and Surgeons.

There could only be one reply concerning the letter sent by the Medical Officer of Health of Chatham to the Central Midwives' Board namely "that no midwife has any right to give any information concerning her patients to any one except with the consent of the patient, which should be expressed if possible in writing." We are glad that the Board has expressed this opinion quite definitely.

If information is desired to facilitate ante-natal visiting it should be obtained by applying to the patients themselves; not from persons who have become acquainted with it in the course of confidential professional relations.

THE TREATMENT OF INFECTED WOUNDS BY PHYSIOLOGICAL METHODS.

Colonel Sir Almroth E. Wright, C.B., M.D. Dublin, F.R.S., contributes a most interesting paper to the *Lancet* on the treatment of infected wounds by physiological methods (drainage of infected tissues by hypertonic salt solution, and utilization of the anti-bacterial powers of the blood fluids and white corpuscles). He says in part :—

The treatment of septic war wounds divides itself naturally into three therapeutic procedures :—

(1) In the *first* we have a number of different aims to pursue concurrently : we have to promote the destruction of the microbes which have been carried into the deeper tissues ; we have to re-establish normal conditions in those tissues, resolving the infiltration in the walls of the wound, and getting rid of the infected sloughs ; and we have to prevent " the corruption of the discharges," and inhibit microbic growth in the cavity of the wound.

Further, during the whole period occupied by these operations we have to be constantly on our guard to prevent active and passive movements which would propel bacteria along the lymphatics and carry poisonous bacterial products into the blood.

(2) When the microbes in the deeper tissues have been exterminated and physiological conditions have been restored, and the wound has been rendered to naked-eye inspection perfectly clean, the difficult portion of our task has been accomplished, and the time has come for dealing with the surface infection.

(3) As soon as this has been suppressed, or all but suppressed, all our thought ought to be given to promoting the processes of repair, bringing together the tissues, and covering over the denuded surfaces.

THE IDEAL OF PHYSIOLOGICAL TREATMENT IS TO GIVE INTELLIGENT AID TO THE ORGANISM IN COMBATING THE BACTERIAL INFECTION.

Saline dressings supply a means for evoking, in the infected wound, certain requisite physiological reactions. By their aid we can, while at the same time inhibiting bacterial growth, drain the tissues, resolve infiltration, and promote the separation of the sloughs—besides giving other assistance.

PHYSICAL AND PHYSIOLOGICAL ACTION OF CONCENTRATED SALT SOLUTIONS.

(1) A concentrated salt solution will attract water ; and, except in the case where a membrane which is impermeable to albumen is interposed, the outflowing current of water will

carry out with it the whole of the protein substances which it holds in solution. This means that hypertonic salt solution applied to tissues lying bare in the wound (or to granulating surfaces) will operate as a *lymphagogue*, drawing out from the infected tissues lymph which has spent all its anti-bacterial energy, and drawing into the tissues from the blood stream lymph inimical to microbic growth.

(2) Brought into direct application upon leucocytes a hypertonic solution (what is in view here is a solution containing 5 per cent. salt) will disintegrate leucocytes, setting free the tryptic ferment they contain. Such a hypertonic salt solution will also exert a number of inhibitory actions.

(3) It will inhibit the action of the tryptic ferment set free in the wounds.

(4) It will inhibit coagulation and so prevent the sealing up of the orifices through which lymph pours into the wound.

(5) It will inhibit leucocytic emigration into, and prevent phagocytosis in the cavity of the wound.

(6) It will inhibit microbic growth.

GENERAL INSTRUCTIONS FOR THE CARRYING OUT OF THE LINES OF TREATMENT INDICATED ABOVE.

Concentration in which the hypertonic salt solution ought to be brought into application.

—For all ordinary purposes the best hypertonic solution to employ is a 5 per cent. solution of common salt. Where we require more vigorous lymphagogic effect we may resort to a 10 per cent. solution, or even to a stronger solution. But these are very painful when applied to skin edges and sensitive granulations ; and salt applied in saturated or nearly saturated solutions will often cause sloughing of the superficial tissues.

Most convenient form of stock solution to keep on hand.—The most convenient stock solution to keep on hand is a saturated saline solution, made by shaking up water with an excess of salt and then allowing this to settle. Such a solution contains at ordinary temperatures 35 per cent. of salt.

Diluted 1 part saturated solution with 6 parts water it gives a 5% solution.

Diluted 2 parts saturated solution with 5 parts water it gives a 10% solution

Diluted 1 part saturated solution with 39 parts water it gives a 0.85% (physiological solution).

N.B.—Hot water should be employed for making the dilutions required for all saline dressings and irrigations. For the physiological reactions which are to be evoked, whether these be active hyperæmia and tran-

sudation, or tryptic digestion, or emigration and phagocytosis, are all impeded by cold and favoured by heat.

METHOD OF APPLYING HYPERTONIC SALT SOLUTION SO THAT IT MAY PRODUCE AN ADEQUATE LYPHAGOGIC ACTION, AND AFTERWARDS PROVIDE OPPORTUNITY FOR DIGESTIVE CLEANSING OF THE WOUND.

This will be the proper way of employing hypertonic salt solution in the infiltrated and sloughing wound. The following are the points to be borne in mind:—

(a) For the achievement of an adequate lymphagogenic effect we must use quite considerable quantities of hypertonic solution. The dressings ought to come directly out of the hot solution, and be applied dripping wet.

(b) In order that there may follow upon the lymphagogenic action a cleansing digestion, the amount of salt employed must be kept within such limits as will allow of its being within a reasonable period diluted by the outflowing lymph. In other words, we must not use too much hypertonic salt solution, nor use too concentrated a solution; nor supplement with large packs of saturated salt solution or salt tabloids.

In order to anticipate that pullulation of microbes which will supervene when the exudate becomes tryptic we ought to redress the wound as soon as the discharge begins to be purulent.

The procedure in carrying out these principles will, of course, vary according to the anatomical conditions of the wound. In point of fact, three different anatomical types of wound have to be considered: (a) The wound which from the beginning lay fully open or which has been opened up so as to render every portion of its surface fully accessible; (b) the wound where, owing to folds, or blind passages, or a tunnelled way, portions of the surface are not fully accessible; and (c) tubular wounds which are throughout their whole course more or less difficult of access.

(a) In the first case we have only to pack the wound with gauze thoroughly wetted in hot 5 per cent. salt solution. We cover this in with any impermeable tissue, such as jaconet. When the time comes for redressing the wound, all trace of pus ought, before reapplying the saline, to be carefully removed. For pus treated with strong salt is converted into a sticky intractable substance which forms an impermeable coating on the walls of the wound.

(b) Where the wound is pocketed or tends to flap together the best procedure is to employ a bath of warm 5 per cent. saline. Should the position of the wound render immersion in a

bath impracticable, it ought to be irrigated with warm 5 per cent. saline solution, the fluid being distributed over the whole surface of the wound by an arrangement of bandages. The bath or irrigation ought to be discontinuous—intervals for digestive cleansing alternating with periods of lymphagogenic and leucocytolytic action.

(c) Where we have a tubular wound it will, of course, be futile merely to insert a drainage-tube and cover its mouth with a piece of gauze wrung out of hypertonic salt solution. The rational procedure will here be to make windows in the tube, to cut it open longitudinally, and to lay into the hollow a folded strip of gauze, thoroughly wet with saturated salt solution. The tube thus armed is to be introduced into the wound after this has been syringed with 5 per cent. saline.

NATURE OF THE EXTERNAL COVERING TO GO OVER THE WET SALT DRESSINGS.

The most usual practice is to place immediately outside the saline dressings a thick packing of dry cotton-wool, and again outside this a bandage. This seems to be dictated by the idea that the cotton-wool will soak up the discharges, and the notion that the capillarity of the cotton-wool and evaporation from its outer surface will reinforce the drawing action of the salt. In point of fact, however, all the cotton-wool does is to suck out some of the salt solution from the dressings and to evaporate this to dryness, putting in this way a certain quantum of salt out of action. Moreover, the notion that capillary action and evaporation would promote drainage from the tissues is in conflict with everyday experience, which shows that when we apply a dry dressing or let a wet dressing evaporate, the outflow of lymph from the wound ceases, and the dressing sticks to its surface.

The rational method of covering in saline dressings is to use, instead of cotton-wool, an impermeable covering. Then instead of the salt solution being carried outwards by capillarity and evaporation, it will by diffusion be carried inward. The difficulty that with this form of dressing discharges will escape from under the impermeable covering can be met either by frequent re-dressing, or by placing cotton-wool outside the jaconet. In the case of wounds of the extremities, perhaps the simplest method of all is to dispense with all coverings over the salt dressings, merely renewing the salt packs at frequent intervals. But here, if we want to clean off sloughs or resolve infiltration, we shall have to alternate with our dressings of hypertonic saline solution dressings of physiological saline solution.

OUR PRIZE COMPETITION.

DESCRIBE THE METHODS PRINCIPALLY EMPLOYED TO APPLY ARTIFICIAL HEAT TO A COLLAPSED PATIENT AND HOW YOU WOULD PROCEED.

We have pleasure in awarding the prize this week to Miss E. H. Gibert, Sister, 1st London General Hospital, Camberwell, S.E.

PRIZE PAPER.

Collapse may be due to various causes, *i.e.*, exposure and privations, or the loss of a large quantity of blood, but whatever the cause, the condition must be recognized as an emergency and dealt with accordingly and immediately.

Unfortunately the symptoms are only too well known to us at the present day, and there are few who do not know them—the extreme pallor, blue lips, feeble and rapid pulse, sometimes dilated nostrils and pupils, combined with a general weakness and inability to notice surroundings.

One of the chief points in dealing with an emergency is to maintain one's own self-control, and that comes with experience, oftentimes dearly bought. The next is to maintain that of the patient if necessary, in the case of hæmorrhage, for instance, where digital pressure on an artery is required, and when the sight of a quantity of blood has alarmed him. Frequently this condition follows some big operation, and may be expected. Sometimes it is quite unexpected, but the most inexperienced should be able to meet the emergency to a certain extent by the use of common sense. Seeing that the temperature is low (95°), she naturally assumes it must be raised, and that quickly. Additional clothing, previously warmed, as bed jackets, long operation stockings, blankets heated, hot bottles—all come under "the use of common sense."

Care should be taken that all extra clothing should be of a woollen material, and light—new blankets for preference—these are both lighter and warmer. The removal of the counterpane often is a comfort to the patient, as it is of cotton, and therefore of no warmth, and often quite heavy.

With regard to hot bottles, these should be very well protected by bags, as the patient may pass almost imperceptibly from a state of collapse to one of unconsciousness.

Hot drinks—coffee, cocoa, milk—may be administered slowly, care being taken to see that they are well diluted; as, owing to the low vitality, the digestion may be impaired, and complications may arise through vomiting. The use of stimulants must be left to the medical man, or, if his advice cannot be

obtained, to the discretion of an experienced person, as hæmorrhage, external, internal, or concealed, may be present.

A saline or coffee enema may be administered with or without brandy.

Again, 1—3 pints of saline, T. 115°—120° F. may be allowed to run into a vein previously opened by the doctor, for which operation the nurse should have everything ready beforehand, as every minute may mean life or death to the patient.

The use of the electric cradle, especially in the case of children, has often been proved to save the situation.

Great care must be taken in the use of these to see that the patient is well covered with a blanket to avoid a burn which, if once occurring, is most difficult to heal. The temperature can be kept at a regular heat until a satisfactory condition is obtained, but the patient should never be left, and constant hot drinks may be administered.

Throughout all treatment, the temperature should be taken about every half hour in very serious conditions, and at the end of three or four hours there should be some improvement. After this the nurse must use her own discretion as to the reduction of extra bedclothes, &c., or the patient will become restless and uncomfortable. He may even need drying down with a hot rough towel, owing to sweating after the application of so much extra heat.

Up till now we have assumed that the patient was in bed, and that the condition occurred during the course of illness. A word may be said in the case of an emergency arising as the result of a street or railway accident.

He must be removed immediately to a couch or bed and placed in the recumbent position, and with his clothes loosened. While extra blankets, &c., are being obtained, the extremities may be vigorously rubbed to restore circulation, and hot drinks given.

Hot bottles may be used, but if unobtainable, a brick heated and rolled in flannel may have to serve the same purpose.

A medical man should be summoned; meanwhile, go on using all the means at hand. While there is life there is hope.

"There is no failure," says a great man, "except in giving up trying." "Keep on keeping on," said another.

QUESTION FOR NEXT WEEK.

What points should a nurse attend to in the general management of a patient suffering from valvular disease of the heart?

NURSING AND THE WAR.

Miss Ruth E. Darbyshire, Principal Matron at the Second London General Hospital, F.F., upon whom the decoration of the Royal Red Cross (First Class) has been conferred by the King was trained at St. Thomas' Hospital where she held the position of Sister in the Operating Theatre, and Sister in the Isolation Block. She was then appointed Matron of the Royal Infirmary, Derby, a position she held for four and a half years when she returned to London as Matron of St. Mary's Hospital, Paddington. She is a member of the Mansion House Committee of the Territorial Force Nursing Service for the City and County of London, and on the declaration of war she mobilized the nursing staff of the second London Hospital at St. Mark's College, King's Road, Chelsea, S.W.

A picture of Miss M. A. Harvey, R.R.C., appeared in our issue of May 20th. We are informed that she was trained at the General Hospital, Bristol, not at the Royal Infirmary as stated. A friend writes: "I am delighted to hear of Miss Harvey's success, but also wish my own and her training school to get its laurels."

A silver "medal of honour" for nursing zymotic diseases in connection with the French Army has been awarded to Miss Dell, an English nurse attached to the Military Hospital No. 49 at Vichy.

Two thousand English and French hospital nurses will shortly visit Switzerland for three weeks to recover from the effects of prolonged hard work. Over two hundred Swiss hotels have undertaken to board and lodge them gratuitously for that period. The first contingent is expected to arrive in the Canton of Valais on June 26th.

The hospitals nursed by maternity units sent to Russia by the National Union of Women's Suffrage Societies, or the British Women's Union as it is known in Russia, are henceforth to be known as "The Millicent Fawcett Hospitals for Refugees in Russia." Mrs. Fawcett is the president of the National Union. There have been several recent

developments of the work. In addition to the maternity hospital, now in full working at Petrograd, doctors and nurses are being hurried to Galicia to work behind the lines, and to Razan to fight cholera and smallpox.

Mrs. Laurie, Mrs. Wallace Williamson, Mrs. B. Russell, Miss Kemp, Mrs. Fred Salvesson, and Mrs. Walker, of the Scottish Women's Hospital, for their services rendered to the sick and wounded, have been admitted by the Crown Prince of Serbia to the Order of St. Sava (Fifth Class).

Miss M. E. Feild writes from Petrograd:—

"In Russia, although you see no wayside crosses or Calvaries, still the cross is everywhere; each market has its chapel, sometimes so small that only the priest can find room inside; most of the bridges, if they have no chapel actually upon them, have a church as the first edifice on the land, and every new building has a rough cross at one corner dominating the scaffolding, and only taken down after the house has been blessed; therefore it is not surprising that each regiment or unit going to the front has a special blessing to speed it on its way. Sunday, May 28th, was the day chosen for the service of blessing the unit starting for the front from the Anglo-Russian Hospital in Petrograd.

"We got our cards of invitation the day before, and punctually at 2.30 the ceremony began. The unit was

collected in the garden of the page corps, the most famous Russian military college, to which are only admitted the sons of soldiers who are considered to have served their country well. There were three motors, given by the Scottish Red Cross, and a train of small wagons and carts, all arranged by the side of the drive with the Russian soldiers of the unit. We got there just as the choir were struggling into their vestments, and the portable altar was being brought out, then the Grand Duchess Marie Pavlovna came, attended by Lady M. Paget and the English ambassadorial party. The service took place in a round, gravelly place, surrounded by tall trees in the centre of the garden, and the singing was very good, only hardly loud



MISS RUTH E. DARBYSHIRE, R.R.C.,
Principal Matron No. 2 General Hospital, London.

enough, the portion of Scripture read by a deacon in English was quite indistinguishable from where it stood. The room which was to go with the party was blessed, and then the priest and deacons went all round the open space and sprinkled holy water on each soldier and horse, a few more prayers, a short inspection by the Grand Duchess, and all was over, leaving a pleasant memory and a hearty wish in all our hearts that the unit may indeed be blessed."

We have to thank an unknown reader of this Journal, who is good enough to give us the benefit of his criticism and advice in the *Red Cross*, the official organ of the B.R.C.S. (We are sure it is a *he* because the writer is so cocksure of what is best for trained nurses and what their opinions should be.)

He takes us to task for our expression of opinion on the Noales case, when a woman was condemned at Woolwich to a month's hard labour for wearing the uniform resembling that of a "British Red Cross Nurse," calculated to deceive. We remarked that had she worn the uniform of a trained and certificated nurse, no offence would have been disclosed, and drew attention to the fact that the offence charged was one of assuming "the uniform of an untrained woman herself assuming a title to which she has no right." Our critic considers that unfair. Why?

What is a "British Red Cross Nurse?" With Mrs. Betsey Frig "we don't believe there's no such a person." Voluntary Aid workers whose uniform is protected are not "nurses," and have no right to the title, and trained nurses employed by the British Red Cross Society are not necessarily members of the Society.

Moreover voluntary aid workers have constantly adopted the Army Sister's cap, and with it

the title of "Sister." The Society papers are full of their portraits. We feel sure our unknown critic will consider us very unappreciative, but we should have very little sympathy with these masqueraders if they were run in and made to pay the penalty if there were one—although we would draw the line at hard labour.

FRENCH FLAG NURSING CORPS.

A Children's Matinée will be given on June 29th, at 2.30 p.m., at the Royal Court Theatre, by Mrs. Wordsworth and her Pupils, in aid of the French

Flag Nursing Corps, to open with "An Episode of Good Queen Bess," to be followed by the *Floral Ballet*, "Queen Flora's Feast," by Mrs. Edith M. Haygarth. The argument of the latter is most poetical; it opens with Sullen Winter at an end, the South and West Winds blow with warm breath upon the Earth. They hear the Spirit of Spring approaching; they rush to meet her. By and by the Sun is seen faintly shining behind clouds; Goldie the Sun Fairy calls the Sun Rays together and tells them to awaken the Flowers, so the Rays touch the sleeping Snowdrops, Violets, and Primroses. Spring rejoices at the arrival of the first flowers. A succession of exquisite Flowers dance a dainty measure. Later comes the



MISS M. E. FIELD AND RUSSIAN WOUNDED.

Spirit of Summer—and with it come the Roses—and discover the Throne of Queen Flora. King Sol conducts her to her Throne, the Flowers of Autumn pay their homage. Then comes the Spirit of Frost. Summer, feeling his icy breath, retires; the radiance of King Sol diminishes and Queen Flora sleeps with her Flowers; the light fades and their glory is gone.

Tickets for this charming pageant of dancing may be obtained from Mrs. Murray, 5, Nevern Square, Earl's Court, who is working untiringly to make the Matinée a financial success.

MENTIONED IN DESPATCHES.

The following names were mentioned in the list of those Mentioned in Despatches by General Sir Douglas Haig, G.C.B., Commander-in-Chief of the British Forces in France for gallant and distinguished conduct in the field:—

QUEEN ALEXANDRA'S NURSING SERVICE.

* Steen, Matron Miss L. E. C.; Bills, Acting Matron Miss S. K.; Drage, Acting Matron Miss H. M.; Stuart, Acting Matron Miss H.; Williams, Acting Matron Miss M. B.; Mowat, Sister Miss A. C.; Stewart, Acting Sister Miss M. E.; McCarthy, Miss E. M. (R.R.C.) (Matron-in-Chief); Plimsaul, Acting Sister Miss A. L.; Branson, Acting Sister Miss M. J.; Hay, Acting Matron Miss E. H.; Newman, Asst. Matron Miss M. C. E.; Nunn, Asst. Matron Miss A. B.; Nye, Acting Sister Miss B. M.; Wilson, Acting Matron Miss A. A.; Holmes, Acting Sister Miss K. H. M.

QUEEN ALEXANDRA'S NURSING SERVICE RES.

Whiteford, Sister Miss H.; Williams, Acting Matron Miss A. J.; Jolly, Acting Sister Miss L. E.; Elston, Acting Sister C.; Allen, Staff Nurse Miss D.; Chapman, Sister Miss K.; Deacon, Sister Miss G.; Eastes, Sister Miss A. M.; Gillies, Sister Miss E. A.; Haxell, Staff Nurse Miss L.; Johnson, Staff Nurse Miss E.; Meeke, Sister Miss M. H.; Paul, Sister Miss J. J. A.; Thompson, Sister Miss M. E.; Wilkinson, Sister Miss A. M.; Winterbourne, Sister Miss F.; Bulman, Miss C. M.; Fox, Sister Miss L. H.; Tosh, Sister Miss F. M.

TERRITORIAL FORCE NURSING SERVICE.

Longmore, Sister M. L.A.; Bulman, Sister Miss G.; Crowder-Davis, Sister Miss F.; Todd, Sister Miss K.; Burnett, Staff Nurse Miss D. B.; Carnegie, Sister Miss C. L.; Cowie, Sister Miss M.; Cockshott, Sister Miss M.; Foster, Sister Miss D.; Horne, Staff Nurse Miss A. G.; James, Sister Miss M.; Lyle, Sister Miss I. M.; Muir, Sister Miss E. M.; Needham, Sister Miss E. B.; Poole, Sister Miss M.; White, Sister Miss A.; Hendry, Sister Miss M.; Laing, Sister Miss M. C.; Pear, Sister Miss A.; Sloan, Sister Miss E. R.

CIVIL HOSPITAL RESERVE.

Grassick, Acting Sister Miss I. B.; Beardshaw, Sister Miss M. F. (Guy's Hospital); Duncan, Sister Miss E. M. (St. Bartholomew's); Dickson, Staff Nurse Miss B. M. (London Hospital); Fraser, Sister Miss E. G. (Guy's Hospital); Holbech, Staff Nurse Miss G. F. (Cheltenham General); Osler, Staff Nurse Miss J. M. (Edinburgh Royal); Paterson, Sister Miss M. (St. Bartholomew's); Rollo, Sister Miss A. M. (Paisley Royal Inf.); Wadling, Sister Miss C. C. (St. Thomas's Hospital); Alexander, Acting Sister Miss M. (Birmingham General); Byrne, Acting Sister Miss E. (Birmingham General); Flower, Acting Sister Miss K. (Middlesex Hospital); Hutchinson, Staff Nurse Miss E. (London Hospital); Lumsden,

Acting Sister Miss M. S. (Manchester Royal Inf.); Miller, Acting Sister Miss R. (Liverpool Royal Inf.); Robb, Sister Miss C. B. (Edinburgh Royal Inf.).

QUEEN ALEXANDRA'S N.S.R. (AUSTRALIA).

Tabor, Staff Nurse Miss L. A.; Dow, Sister Miss M. L.; Loughron, Staff Nurse Miss M.; Solling, Sister Miss W.

QUEEN ALEXANDRA'S N.S. (N.Z.)

Coneys, Sister Miss M.

AMERICAN NURSING SERVICE.

Patten, Matron Miss M. L.; Brooks, Sister Miss M.

ORDER OF ST. JOHN AND B.R.C.S.

Todd, Matron Miss C.; Barry, Sister Miss H. M.; Freshfield, Sister Miss J.; Hallett, Sister Miss K.; Thomas, Sister Miss M. A.; Hamilton, V.A.D., Miss M.; Pemberton, V.A.D., Miss N. and Combe, Mrs.

WOMEN'S VOLUNTARY AID DETACHMENTS.

Lawley, the Hon. U. M.; Sloggett, Miss D. C.; Cundell, Miss C.; Nesbitt, Miss H. B.; Mollett, Miss E.; McCarthy, Miss E.; Henry, Miss H.; Skinner, Miss M.; Walford, Miss H.; Gordon, Miss C. M.

LADY WORKERS.

Sutherland, Millicent, Duchess of; Westminster, the Duchess of; Dudley, the Countess of; Gordon-Lennox, the Lady A.; Michelham, the Lady; Hadfield, Lady; Bradford, Lady M.; Whitburn, Mrs. C.; Clipperton, Mrs. E. E.; Dumont, Madame A.; Eustace, Mrs. R.; Kennard, Mrs. J.

CANADIAN FORCES.

NURSING SERVICE.

Strong, Matron Miss A. C.; Hoerner, Nursing Sister Miss S.; Allan, Nursing Sister Miss A. D.; Dixon, Nursing Sister Miss E. M.; Hare, Nursing Sister Miss C. M.; Eastwood, Nursing Sister Miss V.

INDIAN ARMY.

QUEEN ALEXANDRA'S NURSING SERVICE.

Warrack, Senior Nursing Sister Miss C. L.

TRUE TALES WITH A MORAL.

Cheery young officer in bed after operation on injured arm.

Enter kindly V.A.D.

Patient looks around and over side of bed.

V.A.D.: Have you lost something?

Patient: Indeed, yes; I have lost my deltoid.

V.A.D.: Can I help you find it? (Goes down on hands and knees, peers under bed.) What's it like? I have never seen one.

Explanations. Apologies. Laughter.

The South Kensington Nurses' Co-operation is celebrating its twentieth anniversary by inviting wounded soldiers from Abley Lodge Hospital, Chislehurst, and the King George Hospital, S.E., to a Matinée at the Coliseum, and tea at the Criterion on June 22nd.

JOINT WAR COMMITTEE.

The following Societies have been deputed to duty in Home Hospitals:—

London Home Mission Hospital.—Miss W. M. Kirk.

London Home Hosp., Greenwich.—Miss K. Pennells.

V.A.D. Hosp., Wallfields, Hertford.—Miss P. E. Williams.

Baldwin's Aux. Hosp., Griffithstown, Mon.—Miss F. M. Smyth, Miss E. Hughes.

Clayton V.A.D. Hosp., Wakefield.—Miss F. E. Barrer.

Langston Towers Relief Hosp., Havant.—Mrs. E. M. Mason, Miss A. M. Macdonald.

Red Cross Aux. Hosp., Mil. Hosp., Sandon Hall, Stafford.—Miss A. Bleasdale.

Spondon V.A.D. Hosp., near Derby.—Miss F. Meakin.

Wicklow Lodge Hosp., Melton Mowbray.—Miss R. Lietti.

V.A.D. Hosp., Nethercourt, Ramsgate.—Miss E. A. Peckham.

Gifford House, Rochampton.—Miss B. T. Stephens.

Harborne Hall Aux. Hosp., Harborne, Birmingham.—Miss K. B. Waters.

V.A.D. Hosp., Spilisbury.—Miss I. Beeforth.

V.A.D. Hosp., Nethercourt, Ramsgate.—Miss F. Turner.

V.A.D. Hosp.; Great Hermitage, Higham, near Rochester.—Miss M. Diamond.

Aux. Mil. Hosp., Grovelands, Southgate.—Mrs. A. Norton, Miss K. E. Blaker, Miss B. Hardbottle, Miss K. Stenson.

V.A.D. Hosp., Walsh Manor, Crowborough.—Mrs. A. L. S. Lovell.

Cottesmore Relief Hosp., Haverfordwest.—Mrs. C. E. Walter.

St. John's Hosp., Hastings.—Miss J. Morrison.

V.A.D. Hosp., Normanhurst, Battle.—Miss S. M. Hill.

Red Cross Hosp., Studley Court, Stourbridge.—Miss F. L. R. Pettigrew.

Red Cross Hosp., Braeside, Loughton.—Miss C. D. Hirst, Mrs. G. F. Zala.

V.A.D. Hosp., Henham Hall, Wangford, Sussex.—Miss E. Ebro.

V.A.D. Hosp., Godington, Ashford.—Mrs. E. Stephens.

Wall Hall V.A.D. Hosp., Watford.—Mrs. C. Parsons.

The Star and Garter Hosp., Richmond.—Miss P. Palmer.

Hampstead Garden Suburb Aux. Hosp.—Miss M. A. O'Donnell.

Con. and Aux. Hosp., Spring Hall, Halifax.—Mrs. M. Shaw.

Red Cross Hosp., Abergystwith.—Mrs. T. A. Miller, Miss B. Collins.

Aux. Hosp., Dinas Powis, Glam.—Miss M. E. Pryce.

Red Cross Hosp., Rivercourt, Maldon.—Miss G. Webb.

Red Cross Hosp., Hoole Bank.—Miss M. Chillingworth.

Red Cross Aux. Hosp., Goring-on-Thames.—Miss T. Somers.

Divisional Hosp., Bedford.—Miss M. C. Burt.

St. John's Aux. Hosp., Porthcawl.—Mrs. F. E. Oates.

Red Cross Hosp., Northwood, Croydon.—Miss E. M. Field.

ABROAD.

La Panne Anglo-French.—Miss A. Scovell.

Nevers Anglo-French.—Miss K. E. Mosely.

Brigade Hosp.—Miss D. C. Philpott.

Boulogne Headquarters.—Miss E. Smith, Miss C. A. Cooper, Miss C. E. B. Naish, Miss A. Gregory.

CARE OF THE WOUNDED.

During his visit to the North His Majesty has inspected the whole of the Grand Fleet. The King also visited all the wounded from His Majesty's ships in the Royal Naval Hospital (Queen Mary's and Princess Christian's) at South Queensferry and in the Royal Infirmary, Edinburgh.

The National Economy Exhibition, to be held in Prince's Skating Rink, Knightsbridge, from June 26th to July 8th, will devote the profits to the British Red Cross Society. There are to be fourteen sections, and amongst them Sick Room Contrivances. Several Conferences will be held, one, of course, on "Prevention of Waste."

The military hospital, Saint-Rambert, at Lyons, maintained by the Wounded Allies Relief Committee, has been doing valuable work since its inauguration last month. The hospital, which was formerly known as the Lycée Saint-Rambert, is beautifully situated in a wooded park overlooking the Saône, and stands on a high level affording a magnificent view of the country around. The wards are large, light and airy, and will accommodate 400 patients; and some of the most severely wounded from Verdun are now under treatment there. The Saint-Rambert is thoroughly well staffed, with two highly qualified English surgeons, a Colonial lady house-surgeon and fully trained nurses and V.A.D.s; the operating theatre is well equipped and made up to date by means of a first-rate X-ray outfit; and the Committee has spent a considerable sum on improving the hygienic arrangements of the hospital, and has, in fact, done everything possible to make the Saint-Rambert one of the best hospitals in Lyons, in order that the British reputation in France for excellence of work may be maintained.

A new sanatorium for tuberculous patients has lately been opened in connection with the hospital at Corin.

THE COLLEGE OF NURSING, LTD.

THE CONSULTATIVE BOARD.

A meeting of those interested in the National Training Schools of Infirmary and District Infirmarys, as representatives on the Consultative Board of the College of Nursing, Ltd., was held in the Great Hall of St. Thomas' Hospital, kindly lent by the Governors, on June 15th, at 3 p.m., when the topics proposed for discussion by the Council were: (1) The first draft of a Bill for the Registration of Nurses to be promoted by the College; (2) the formation of the first register of members of the College and the general conditions for the admission to it of nurses now in practice; and (3) the constitution of the Consultative Board.

The Hon. Arthur Stanley, M.P., M.V.O., C.B., was in the chair, and was supported on the platform by Mr. J. G. Wainwright, J.P., Treasurer of St. Thomas' Hospital; Mr. H. Cosmo Bonsor, President of Guy's Hospital, and members of the Council of the College.

The Chairman invited Mr. Cosmo Bonsor, who had to leave the meeting immediately, to say a few words, and Mr. Bonsor said that during the 35 years he had had the honour of being a Governor of Guy's he had taken a keen interest in the welfare of the nursing profession, and had been very disappointed frequently that the professional nurses of this country should never have received State recognition. He was only too pleased to be on the platform and to see the large meeting who he felt sure were anxious to see that the profession of nursing was at last properly recognised as one of the great professions of the country and given the recognition by the State and by the public which was its due.

The Chairman said he did not think he need go into the whole question of how the College came to be founded. It was actually in being, but they wanted the opinion of the meeting on how it was to be made the most effective instrument for securing the recognition of nurses and the status of the nursing profession.

They had received a certain amount of criticism for starting the College as a Limited Liability Company. They did it in order to get to work. Once the Bill, about which he would speak later, was passed the word "Limited" would drop out, and they would cease to have that stigma. He hoped eventually they would find themselves "The Royal College of Nursing" without "Limited."

The objects of the College were: (1) To promote the better education and training of nurses and the advancement of nursing as a profession in all or any of its branches; (2) to promote uniformity of curriculum; (3) to recognise approved Training Schools; (4) to make and maintain a Register of Nurses; and (5) to promote Bills in Parliament for any object connected with the interests of nurses and, in particular, with their

education, organization, protection, and for their recognition by the State.

He referred to the Royal British Nurses Association, and said he had been asked why they did not simply strengthen that body. Times had moved on since the R.B.N.A. received its Royal Charter, and the objects sought by the College were somewhat broader than those mentioned in that Charter. They had had several conferences, and had every reason to hope that they would come to an agreement. Princess Christian, President of the Association, had authorised him to say that should a satisfactory scheme of union between the College of Nursing and the Royal British Nurses Association be formulated Her Royal Highness would be disposed to accept a position of honour in the conjoint Society.

THE DRAFT BILL FOR THE REGISTRATION OF NURSES.

Mr. Stanley then said that, as those present were aware, there had already been before Parliament a Bill for the Registration of Nurses promoted by the Central Committee for the State Registration of Nurses. They had had several conferences with the representatives of that Committee, and although he could not present the Draft Bill before them to the meeting as an agreed Bill, he could say that they had gone very far towards agreement, and that substantially it represented the outcome of their conferences. They would see the Bill provided that the College of Nursing, Ltd., should be authorised to drop the word "Limited," and would be called the General Nursing Council and College of Nursing.

Mr. Stanley then detailed the conditions of admission to the Register which it was intended to form.

Acting on the advice of Sir Charles Russell, and Mr. Vesey Knox, K.C., who had both been good enough to give their services in this matter, they had worked on the basis of the Bill already promoted, and tried to simplify it in every possible way. Parliament in these strenuous days was much more inclined to entrust a body such as this with general powers, and not to waste its time arguing about rules and regulations, but to leave them to be approved by the Privy Council. The most important point in the Constitution was this. They wanted the College of Nursing to hold practically the same position in the nursing profession as the Royal Colleges of Physicians and Surgeons did in the medical profession. They also thought it right, especially in this democratic age, that the power in the Council should be entrusted to the nurses themselves. (Applause.) He thought nobody would disagree with that. Nurses had done most splendid work during the past two years, and if they were fit to do that work, and if they were fit to have a college at all, they were fit to govern it. (Applause.) But of course the profession of nursing was rather different from some others. There was, there must be, a very large mixture in administration with the lay element

and with the medical element. It was therefore provided that the Council should be composed as to one-third of its members by the Privy Council, Government Departments, and the Medical Profession, and that the other two-thirds should be elected by the nurses themselves. He thought that a right proportion; it gave a fair share of lay and medical representation, and it gave the nurses practically self-government.

He had received a letter from Mr. Frankau, Treasurer of St. George's Hospital, who wrote, "I propose to insert a clause giving any nurse whose name under a General Council Order shall be removed from the Register a right of appeal to an independent tribunal, say of three barristers of not less than seven years' standing, their decision to be final." Mr. Stanley said he thought it ought to be made possible for a nurse to appeal, and that she should not be prevented from so doing by any monetary consideration.

Section 5 represented a point which was really the point of agreement—at least, he hoped it would prove to be so—between the College of Nursing and the Central Committee for the State Registration of Nurses. They felt—and he entirely agreed with them—that it was rather hard that they who had fought this question for twenty-five years should suddenly find another body coming along who had had very little to do with it in the past, setting them on one side, and taking such credit as there might be in obtaining the State Registration of Nurses. He thought they would all agree that it would be very unfair that they should not have a voice on the first Council appointed under a Bill which their efforts had done so much to gain. It was therefore provided that the first Council appointed on the passing of the Act should be appointed one-third by the State and the Medical Profession, one-third by the College of Nursing, and one-third by the Central Committee for State Registration, and that that Council should hold office for two years (not one, as printed in the Bill).

Mr. Stanley then explained that it was provided in the Articles of Association that people were entitled to come on the Register of the College, and that everyone on that Register was entitled to become a member of the College on payment of £1. But he thought they had got it wrong. You would have had your State Register, and you would have had your College Register, because the people who had already got on the Register might not all wish to be members of the College. So they were altering that, and every nurse who was entitled to be on the Register could come on on payment of £1 down, or 25s. spread over five years, and the minute the nurse was on the Register she became *ipso facto* a member of the College without further payment. That was the first, last, and only payment the nurses would be required to make.

Mr. Stanley then discussed the formation of the Register, which, he said, they wanted to proceed with at once. He reported the appointment of Miss Rundle as Secretary, and said that a gentle-

man had been kind enough to lend them two or three rooms in Vere Street, and they would open the office there at once. The reason for going to Vere Street was this: There was a site there—that of the old Post Office—which would in many ways be an admirable one for the College. They were in no way committed to it, but in view of the possibility of eventually having the site, they had had these offices lent them in Vere Street, and proposed to commence business there at once.

FORMATION OF CONSULTATIVE BOARD.

The formation of the Consultative Board was what they were really there to discuss. They felt strongly that this registration of nurses, the settling of a curriculum, the arranging for examinations and kindred questions were matters which very vitally concerned the Governors and Managers of Hospitals, and thought it right, therefore, to make provision for taking their advice on these important questions of principle.

Continuing, Mr. Stanley submitted two alternative schemes for the consideration of the meeting: (1) Whether the Consultative Board should be composed of all the representatives of the training schools, holding an annual meeting something like the yearly Conference of the British Medical Association, which he himself favoured, or a smaller committee of about 100, which the Council could summon when there was any question needing their attention.

The matter had been very actively taken up in Scotland, and he had reason to think they would be able to get a satisfactory settlement in Ireland.

FUNDS.

Mr. Stanley suggested that the public who had done so much for the men of the Empire might be asked to do something for the women who had done such gallant work in this war. He was not without hope that the ladies who had undertaken to raise £100,000 to build and equip the Star and Garter might be willing to help the College.

Mr. Stanley then invited discussion. The Bill before the meeting was, he said, only the first draft, and if those present could assist in improving it they would only be too glad. The whole science of modern nursing owed its origin to the work of Florence Nightingale during the Crimean War; so the organisation, the co-ordination of the nursing profession, and of nurses' work might owe its origin to the glorious work done by the nurses in this great European war. So that out of evil good would come.

DISCUSSION.

DR. BEZLY THORNE, Chairman Royal British Nurses' Association, said that though he could not commit the Association to any definite course of action, it was with the approval of the Governing Body that he had accepted the position of Vice-President of the College of Nursing. He hoped that before very long conferences would result in a still closer union, in which the two Associations might be able to go hand-in-hand with the Central

Committee for the State Registration of Nurses towards the attainment of a Bill which would place the nursing profession on a sound footing of organisation, for which they had been fighting now for nearly thirty years.

MR. JAMES BLOSSOM, on behalf of the Poor Law Officers' Association, said it had considered the Bill and was heartily in favour of it, provided that Poor Law Institutions were secured adequate representation on the Consultative Board and the Council. He said that because out of a list of the Council members placed in their hands only four represented the Poor Law. There were 94,000 beds in Poor Law Infirmarys (50,606 in Infirmarys which were training schools), and in all other general, special and infectious hospitals only 84,104.

THE CHAIRMAN, in reply, said they were most anxious to give proper representation to the Poor Law nurses. The Council to which Mr. Blossom referred was only in existence till the Bill was passed. Then there came in the Council he had mentioned for two years, and after that the matter was entirely in the hands of the nurses themselves. If the Poor Law nurses were more numerous than others then they could elect the whole Council if they liked; the matter would be entirely in their hands.

MAJOR RHODES (North Stafford Infirmary) said, on the question of the Consultative Board, that his committee was in favour of the smaller body being formed, and they suggested that at least 70 of the 100 should be representatives other than from London. (Applause.) He did not think the meetings suggested in the provinces would be analogous to those of the British Medical Association, which included all members. He saw no reason why there should not be a meeting of all members of this Association apart from the Consultative Body.

In regard to the Register, a special Register of Mental Nurses was mentioned, and his committee wondered whether amongst the Register of Nurses fever nurses and all special nurses, *i.e.* nurses having other than general training were included.

Major Rhodes also enquired as to the wording of section 10 relating to prosecution for offences under the Act, and SIR CHARLES RUSSELL said that the last line was obviously a misprint.

SIR COOPER PERRY explained the position in regard to the mental nurses. The question of fever and other special nurses would also require consideration. In the Bill which had been before Parliament no fever nurse could be registered as such (after term of grace.—*Ed.*), but her special qualification could be added to her general training. All these branches would require very careful consideration by the Consultative Board. When a conclusion was reached it might be possible to include all these various kinds of specially trained nurses.

DR. VOELCKER (Hospital for Sick Children, Great Ormond Street, W.C.) said that Sir Cooper Perry had answered one of the questions he was

anxious to have some light upon. He expressed the opinion that a nurse for sick children could not be adequately trained in less than three years. It should be possible to grant them a special register as in the case of mental nurses, or that some arrangement might be made by which a woman did not have to work six years before being entitled to become a registered nurse, otherwise children's nurses would be at a disadvantage, and it would have a bad effect on the supply of nurses in children's hospitals.

MR. DEACON (Chairman of the Royal Infirmary, Liverpool) said that Clause 2 stated the College of Nursing should be entitled to bear the title of the General Nursing Council and College of Nursing, but the words General Nursing Council never occurred in the Bill again.

He understood it was the intention of the College to recognise certain training schools, though there was no particular clause which gave specific power to recognise training schools. Nurses struck off the register had a right of appeal. Suppose the Council decided that a particular training school should not be recognised, would they have a right of appeal, and if so, to whom?

Then it was provided that Rules made by the Council should have no effect till approved by the Privy Council. Would anybody (an individual, for instance) have a right of appeal to the Privy Council?

In regard to the Consultative Board, he favoured the larger one.

MR. STANLEY agreed that there should be a right of appeal in regard to the recognition of training schools. As to an appeal to the Privy Council regarding the Rules to be approved, Sir Charles Russell, informed him that individuals and governing bodies of hospitals would have this right.

MR. TOM PERCIVAL (Poor Law Officers' Association) emphasised the appeal made by Mr. Blossom for further recognition of the immense interests of the Poor Law. The Chairman had said that at the end of two years the Council would be an elected body, but he wanted to drive home that during those two years the foundation of this great scheme would be laid, and the plans formed, and at the end of that time any attempt to make alterations in the procedure would be a matter of considerable difficulty.

In regard to the Consultative Board, he thought the procedure of the British Medical Association should be adopted still further, and the country divided into districts which would send up representatives to the Consultative Board.

MR. E. J. DOMVILLE, M.R.C.S., associated himself with the remarks made by the Chairman of the Royal Infirmary, Liverpool, and asked the conditions under which training schools would be recognised. He further said that a good deal had been said about the British Medical Association, but he noticed that it had been entirely dropped out of the Bill, in which there was only a very vague reference to the Medical Profession.

It is certainly would be wise to add in Clause 5 that three members of the General Nursing Council should be directly nominated by the British Medical Association, which had been recognised in previous Bills. It would save much misapprehension as to a very uncertain Clause if the nomination of three members out of the number to be appointed by the Privy Council or other bodies were directly given to the British Medical Association, which, together with the Central Committee for State Registration of Nurses, had, for the last 25 years, worked to secure the objects for which they were met that day, and for which the College of Nursing had been founded.

The CHAIRMAN said they had not put the British Medical Association into the first draft of the Bill, but thought it probable that it would end by the representatives of the medical profession being nominated by the B.M.A.

MR. BATCHELOR, Warneford Hospital, Leamington, spoke of the importance of some court of appeal in settling the standard of the hospitals competent to grant certificates to nurses. The hospital he represented, though small, was thoroughly up to date. If the smaller hospitals were excluded it would be impossible for them to get probationers. There was a very general feeling that they would be excluded.

The CHAIRMAN did not take it that they were to be excluded, and the speaker said that assurance would be a relief to several of the smaller hospitals.

MRS. BENJAFIELD wished to know if the examinations held at the various training schools would be abolished; and Mr. Stanley said how that question would be settled he had not the faintest notion.

A question sent up in writing was: "Does 'all classes of women's work, except doctors and midwives,' include dispensers, clerks, and domestic staffs such as cooks, sewing maids, ward maids and scrubbers?" Mr. Stanley replied that he was not quite certain about the scrubbers; but if the College became what it ought to be it would give certificates for every branch of women's work connected with hospitals. Nothing could possibly be more important than a certificate to the cook.

Another question was: "Will two-thirds of the Council always consist of Matrons or trained nurses, or only two-thirds of the first nominated Council? Will the registered nurses be able to elect to it any persons they choose?" Mr. Stanley replied: "Yes, anybody they choose. It will be a postal ballot, a private ballot, and it will afford a splendid chance for the nurses to vote their Matron off it if they do not like her."

Another question asked was whether canvassing so large an electorate, and addressing meetings all over the country, or calling on Matrons and influencing their staffs through them, would not be a great tax on the time and money of the best and most occupied Matrons, and give an unfair advantage to candidates who were at leisure or happened to have control of funds? Mr. Stanley replied that that had happened everywhere with regard to elections.

He had heard some of the richest and most influential men had even happened to get elected Members of Parliament. But every nurse would have a vote. You could not get a much wider electorate than that.

The question of the Consultative Board was then considered, and the feeling of the meeting when the Chairman called for a show of hands was in favour of the larger body.

DR. MURRAY LESLIE enquired if the question of male nurses was to be considered at all. Mr. Stanley answered in the affirmative.

In the Bill before Parliament now, the male nurse was put in separately. They had left him out thinking that nurses included everybody; but since then he had heard arguments which caused him to think that it might be necessary to deal with male nurses separately.

DR. MURRAY LESLIE said he was very strongly of opinion that it would be absolutely necessary.

MR. CHARLES LUPTON, Chairman of the Leeds Infirmary and Lord Mayor of Leeds, asked whether it was the intention that the nurses in training schools falling in with this scheme should have their only diploma by examination. From what he had heard that afternoon, and from what he had read, he thought there was a danger of nurses being tested chiefly by a written examination instead of by the record of their work. The busier the school, the harder worked the nurse, the less chance she had of perfecting herself in book knowledge, and so might compere unfavourably with a nurse with less practical knowledge.

Another question: "What about the village nurses?" was characterised by Mr. Stanley as "a very difficult one which would tax all the mental efforts of the Consultative Board and the Council." Surely it is not quite so bad as that.

At this juncture tea in the Nightingale Home was announced, and with a cordial vote of thanks to Mr. Wainwright, the Governors, and Miss Lloyd-Still, the meeting concluded.

THE NURSES' REGISTRATION BILL.

During the past fortnight there have been several consultations of an eminently satisfactory nature on the clauses of the Nurses' Registration Bill between Mr. Stanley and the Hon. Secretaries of the Central Committee for the State Registration of Nurses, the result of which will be reported to the Central Committee for its consideration on June 22nd.

In an article written by "F. Thorne," on the "Organization of a Great Profession," in the *World's Work*, the statement is made that, "Major Chapple, M.P., who has for years fathered the State Registration Bill in the House of Commons, has handed it over, lock, stock and barrel, to Mr. Stanley." This is entirely incorrect. The Bill drafted by the Central Registration Committee is all ready to be introduced into the House of Commons, should this committee and the College of Nursing fail to agree upon a conjoint Bill.

THE REGISTRATION OF COTTAGE NURSES.

"A TURN FOR NURSING."

The Countess of Gainsborough presided at the meeting held at Denison House of the Cottage Benefit Nursing Association on June 14th. As this JOURNAL, which is the State Registration Organ, was not invited to send a representative we are unable to give a full report. A lady present writes: "Lady Gainsborough was in the Chair and Miss B. Broadwood, the Hon. Secretary and Director of the Cottage Benefit Nursing Association, gave a short sketch of the beginnings of the Nursing College. She said Mr. Stanley had wished that there should be a wide basis of registration so as to include various kinds of nurses, and had expressed this view in an interview with her. Now the College wished to have a Bill rushed through Parliament as a war measure which would make it possible for only the highly and specially trained nurse to be registered, and would exclude their Association's efficient nurses, who had three or four years' training (work in cottages.—Ed.) and looked after a class of people who had never been systematically nursed before. She thought such a Bill ought not to be rushed through and that legislation should be based on the Founder's wishes (i.e., on a broad basis.) She gave a full description of the so-called training and work of Cottage Nurses, incidentally mentioning that nursing is not a profession, but a service, because nurses are not asked to give professional advice, but simply to carry out the orders of the doctor, and that therefore they should have no voice in the organisation of their Training Schools. She said that if the Nursing College *did* try to bring in the proposed Bill her Association and its friends would fight against the College.

Miss F. C. Joseph explained her Scheme for the Registration of Nurses in classes, Hospital Nurses, Village District Nurses, Mental Nurses, Tuberculosis Nurses and so on, to be tested by outside Examination such as is held for Midwives and Masseuses. Her arguments appeared fallacious, and the analogy between midwives and masseuses untenable because they are not registered in classes, but in both instances must conform to a general minimum of technical and theoretical knowledge before being examined and registered, just as trained nurses wish to do.

The Chairman and other speakers agreed with Miss Joseph that full training was not necessary for registration, the former said that in 25 years of experience of nursing in the country she had never known a case of a serious illness or of a death which was due to the want of training in a nurse. She said that examinations were made too much of as a test of a nurse's skill.

Lady Raleigh, President of the Essex County Midwifery and Cottage Nursing Association, said that even Miss Joseph's scheme had too many examinations (indeed from the schedule it appeared

all examinations, &c. must be done) was better than being able to pass examinations. No resolution was submitted, and no questions were asked."

The poor pay of the workers attached to many Cottage Nursing centres, and the relatively high fees charged for their services, is a point in nursing economics which needs publicity, and which Trade Unions and the Labour Party might do well to look into.

THE REGISTRATION OF SPECIALISTS.

THE DEPRECIATION OF TRAINED NURSING STANDARDS.

Under the heading of "The Registration of Specialists" we referred in our issue of June 3rd, to the scheme for the registration of all types of nurses, hospital trained and otherwise, as apart from those who are efficiently trained and therefore skilled workers, put forward by Miss F. C. Joseph, Hon. Secretary of the Public Health Committee of the National Union of Women Workers at its meeting in April, and from which a Deputation was ultimately appointed to interview the Hon. Arthur Stanley of the College of Nursing to demand the registration of Cottage nurses and others.

We also reported that a meeting would be held on June 14th, by invitation of Miss Broadwood of the Cottage Benefit Association, when Miss Joseph would explain her scheme. We are now informed that the latter meeting had no connection with the Public Health Committee of the N.U.W.W. and that Miss Joseph had been invited to attend in her private capacity and not as Hon. Secretary of the Committee, as might have been supposed by our notice. In this connection, as the National Council of Trained Nurses, the Society for the State Registration of Trained Nurses, and the National Union of Trained Nurses, are all represented on the Public Health Committee of the N.U.W.W. by trained Nurses, we hope for the future, should nursing questions be under discussion, that no deputation will be formed to represent its views which excludes the direct representation of professional opinion, as was done on the occasion referred to. Surely one benefit of co-operation amongst women workers is to obtain expert information concerning their work and lives in relation to social order, so that, when under discussion, their interests shall receive intelligent consideration. This aspect of the case appears to have been entirely ignored by the Hon. Secretary of the Public Health Committee of the N.U.W.W. in pushing her own views concerning nursing affairs, which are in direct opposition to those formed by the members of the nursing profession generally.

State Registration is designed to provide skilled and competent care for the public of all classes in sickness. This is impossible without definite and prolonged training for both doctors and nurses.

NATIONAL UNION OF TRAINED NURSES.

It has been decided that the Conference to be held on June 29th, at 2.30, at 46, Marsham Street, S.W., shall be a preliminary one to a large meeting to be held in the autumn.

As the work and engagements of matrons and nurses are well known to be pressing at the present time, and that it is very difficult for them to make plans long beforehand, members of the Matrons' Council and of other organised Nurses' Leagues and Societies who wish to attend the Conference should intimate the same to the Organising Secretary, National Union of Trained Nurses, 46, Marsham Street, S.W. They will be cordially welcomed.

The subjects to be discussed will be the following:—

1. The difficulties of training in small institutions and the possibilities of combined training.
2. The economic conditions in the nursing profession.
3. The political position in the nursing world.
4. The work of the Nurses' societies.

A NEW BRANCH.

On the 8th of June a meeting was held at the Medical Home, Bangor to discuss the advisability of starting a Branch of the National Union of Trained Nurses in Bangor. Amongst those present were Miss Hughes and Miss Fison Clarke, Superintendents of the Medical Home, Miss Goodwin, Superintendent of the Bryn-y-Menai Home for Queen's Nurses, and Miss Perkins, Queen's Superintendent. Miss Thurstan spoke on the aims and objects of the Union and pointed out how specially necessary it was to have a strong professional union just now.

A resolution was put to the meeting that a Branch of the N.U.T.N. should be founded in Bangor and was unanimously carried. A small provisional Committee was formed, Miss Fison Clarke acting as Secretary and Miss Hughes as Treasurer. Miss Fison Clarke will be very glad to receive the names of any nurses in the district who would like to join.

NORWICH BRANCH.

A meeting was held on June 3rd, at the Maternity Institute, 106, St. George's Street, Norwich, Mrs. Cozens Hardy in the chair. Dr. Margaret Boileau gave a most interesting address on "Embryology," which was followed by a discussion. Tea was provided, and the aims of the Union introduced.

APPOINTMENTS.

The following appointments have been made through the N.U.T.N.:—

Russian Medical Relief Expedition (Sisters).—Miss T. Cotterell, Miss E. Miall, Miss K. C. Wright.

Friends' War Victims Relief Committee, Châlons.—Miss E. Debenham.

Roeampton Military Hospital (Sister).—Miss M. H. Roshier.

FEVER NURSES' ASSOCIATION.

ANNUAL REPORT OF THE COUNCIL,
1915–1916.

In presenting the seventh annual report, your Council has pleasure in reporting that, despite the dislocation of business due to the war, the work of the Association is proceeding very satisfactorily.

1. Applications for membership and registration during the past year bring the total number of members and nurses holding the Fever Nurses' Association Certificate up to 2,189.

2. *The Association's Examination.*—Two examinations have been held during the year, one in October, 1915, when 55 candidates entered and 41 were successful, and one in April, 1916, when 121 candidates entered and 81 were successful.

3. *List of Training Schools.*—The Cambridge Sanatorium has been added to the Association's list of Training Schools, and the Birmingham City Hospital, West Heath, removed therefrom, as the latter hospital is now principally used for phthisis.

4. *Salaries of Matrons and Assistant Matrons.*—Your Council has carefully considered the question of the salaries of matrons and assistant matrons of Fever Hospitals and scales have been drawn up, but no action has been taken in the matter up to the present.

5. *Voluntary College of Nursing.*—Early in the year the Hon. Arthur Stanley, M.P., Chairman of the Joint War Committee of the British Red Cross Society and the St. John Ambulance, sent a letter to the Governing Bodies of many of the London and Provincial Hospitals advocating the establishment of a College of Nursing. According to the scheme outlined in his letter, it was proposed that the College should undertake many of the duties and functions of the General Nursing Council proposed to be established under the Nurses' Registration Bill were it to become an Act of Parliament, but without the authority which an Act of Parliament confers. Mr. Stanley further stated that he intended, if he received sufficient support, to apply to the Board of Trade to register the College as a company without the addition of the word "Limited."

From the first there has been considerable opposition to the scheme. The promoters of the College did not approach the Central Committee for the State Registration of Nurses, upon which the Fever Nurses' Association is represented by delegates, although this Committee drafted the Nurses' Registration Bill and has been pressing for its acceptance by the Government, and although the College proposed to deal with all the matters figuring in the Bill. However, the Central Committee approached Mr. Stanley and held two conferences with him and his advisers, in order to ascertain whether an agreement could be arrived at between the two parties towards satisfactory legislation on the Nurses' Registration question.

So far no agreement has been reached. The College has received some influential support and has been registered at the Board of Trade as a Limited Company. By this action opposition by other bodies before the Board of Trade was prevented. The Council of the College has been nominated by the signatories to the Memorandum and Articles of Association. This Council has appointed nine delegates to meet nine delegates appointed by the Central Committee, for the purpose of drafting a Registration Bill on the lines of the present Nurses' Registration Bill. But the joint conference has not yet (May 16th) been held.

The Fever Nurses' Association is directly interested in the College, not only because the Association is represented on the Central Committee and is interested in the Nurses' Registration Bill, but also because it is clear from the Memorandum and Articles of Association adopted by the College that the College intends to deal with nursing and hospital work in all its branches, including nursing and work in Fever Hospitals. The College, however, has not consulted the Association.

The Council of the Association has, through its Executive Committee, been closely watching the proceedings of the College, with a view to seeing that the interests of the Association and of Fever Nurses are not injured or prejudiced. Future action largely depends on the results of the joint conference referred to above.

6. *Executive Officers and Members of Council.*—Owing to the absence of many members on account of the war and the extreme pressure of work which devolves on those who remain, your Council are of opinion that it would be futile to attempt to form a new Council, and they have agreed that no change should be made in the executive officers or in the constitution of the Council for the ensuing year.

For the same reason no annual meeting will be held this year.

Your Council regret to report that Dr. Ta'Bois has resigned from the Medical Hon. Secretaryship. Dr. Brownlee has been appointed in his stead.

7. *Finance.*—The Hon. Treasurer reports that the expenditure during the past year has exceeded the income of the Association by the sum of £11 11s. 2d. The deficit is more than accounted for by the falling off in the annual subscriptions received. This is only what was to be expected in view of the large number of members who are engaged on military service abroad and as a result of the general dislocation of the nursing profession caused by the war. It is satisfactory to report, however, that the amount received in examination fees and registration fees from new members is higher than in any previous year.

The Association is once more indebted to Mr. W. H. Jarratt for kindly giving his services as auditor.

In bringing its report to a close, your Council desires again to thank the Metropolitan Asylums

Board for its great kindness in granting to the Association the use of a room for its various committee meetings.

J. BIERNACKI, *Chairman.*

MAY, 1916

THE APRIL EXAMINATION.

The result of the April Examination for the Fever Nurses' Association Certificate resulted in 81 nurses passing of the 121 who entered for the examination.

L.G.B. SCOTLAND.

EXAMINATION OF NURSES.

The following nurses have now completed the examination held by the Local Government Board and are entitled to its certificate of efficiency:—

CERTIFICATE IN GENERAL TRAINING.

Catherine Birney, Mary Biton, Nora Blake, Agnes M. Brotherton, Jessie Cameron, Cecilia A. Croke, Kate B. T. Cunningham, Mary Dee, Margaret Derby, Mattie S. Dunlop, Margaret A. Ellis, Mary A. Foley, Anne Foran, Isabella Fraser, Norah J. Garniss, Katharine B. Hamilton, Emily S. Main, Martha Manson, Diana S. Marshall, Annie S. Mills, Flora M'Callum, Mary M'Callum, Margaret V. M'Elwee, Christina A. Macinnes, Jean M'Kechnie, Flora M. M'Lean, Alexa D. M'William, Kathleen M. Neish, Margaret A. H. Noble, Mary R. O'Grady, Sarah M. O'Grady, Jean H. Orr, Kathleen F. O'Shea, Elizabeth O. Reid, Mary Ronaldson, Mary Smyth, Elizabeth M. Taylor, Isabella H. Turnbull, Johanna B. Urquhart, Alexandrina Wood, Elfrida Young, Jean M. Calder, Jean T. Thom, Mary F. Bremner, Mary A. Jamieson, Ethel M. Taylor.

CERTIFICATE IN FEVER TRAINING.

Katherine Biggam, Christina Bowie, Mary Brown, Flora Burgess, Williamina J. Burnett, Joanna C. Campbell, Mary Campbell, Agnes Cathro, Winifred M. Chalmers, Mary C. Connell, Janet S. Crighton, Mary C. Crosbie, Helen Davidson, Margaret D. Duncan, Isabella C. Esson, Isabella' Forster, Margaret Gaffney, Jean L. Gilmour, Janet T. Gowanlock, Elizabeth F. Grant, Margaret F. Greig, Isabel C. Hamilton, Katherine Henderson, Elizabeth G. Jenkins, Janet H. Johnstone, Margaret Liddell, Jean M. Lindsay, Margaret L. Loudon, Alison B. Maddin, Mary A. Maitland, Agnes Moodie, Helen K. M'Adie, Ellen M. MacColl, Jean M'Connell, Janet M'Donald, Helen M'Givern, Marie M'Guckan, Jean M'Lachlan, Jessie D. M'Neil, Jessie M'Phie, Ann I. Macsween, Isobel M. C. M'Williams, Mary S. R. Ormiston, Jenny M. Peacock, Arabella R. Reid, Margaret Riddell, Isabella Ross, Mary M. Scrymgeour, Janet K. Shearer, Olive Simpson, Wilhelmina J. Tannock, Agnes W. T. H. Thomas, Catherine M. Thomson, Helen E. Tully, Nellie F. Weatherburn, Margaret P. Weir, Elizabeth V. White, Agnes Wilson, Annie Wilson, Elizabeth Wilson, Jenuina Wilson, Bessy

G. Blacklock, Alice Botham, Chrissie Brodie, Isabella Brown, Mary C. Dickson, Marion Edgar, Jean G. Howie, Elizabeth Macdonald, Mary Macdonald, Jean McGhie, Eliza A. McGill, Agnes H. H. Newbigging, Katherine W. Pennykid, Mary Skene, Jeannie Spalding, Christian P. Stoddart, Kathleen I. Sweeny, Violet J. K. Turnbull, Sarah Turner, Annie Walker, Flora M. Webster, Elizabeth D. M. Whitelaw, Lavinia Wilkinson, Jessie Wilson, Christian S. W. Brown, Janet S. Chessar, Mary Clark, Dorothy H. Doig, Margaret S. Ferguson, Agnes S. Gellatly, Janet T. Grant, Jessie S. Keir, Eliza Low, Isabella Reid, Eliza J. Bruce, Grace G. Cameron, Catherine D. Cooper, Elizabeth B. Gray, Jeannie A. Mackay, Clementina M. Reid, Alice Thomson.

APPOINTMENTS.

MATRON.

Royal Hospital for Diseases of the Chest, City Road, E.C.—The work of Matron of this hospital is being carried on by Miss Hamilton who has been acting as *locum tenens* for Miss Rundle during her tenure of office as Matron at St. Gabriel's College (No. 1 General Hospital) Camberwell.

Harborne Hall, Auxiliary Hospital, Birmingham.—Miss O. Longhom has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and has been temporary Sister there, and Sister at the County of London War Hospital, Epsom.

Cottage Hospital, Beckenham.—Miss I. Aden has been appointed Matron. She was trained at Guy's Hospital, where she was Head Nurse in a surgical ward and Staff Nurse in the Casualty Department.

SISTER.

Leeds Township Infirmary.—Miss Clara E. Quipp has been appointed Sister. She was trained at Ecclesall Infirmary, Sheffield, and is a certified midwife.

Miss Mary Lindley has been appointed Sister. She was trained at the Leeds Township Infirmary, and holds a certificate for invalid cookery.

Batley and District Hospital, Yorks.—Misses L. G. Render and Celia Ramplin have been appointed Sisters. They were trained at the Leeds Township Infirmary, and hold certificates for invalid cookery.

STAFF NURSE.

The War Hospital, Bradford, York.—Miss Blanche Gibson has been appointed Staff Nurse. She was trained at the Leeds Township Infirmary, and holds a certificate for invalid cookery.

DISTRICT NURSE.

District Nursing Association, Gateshead.—Miss Ruth Clarke has been appointed on the staff of the above Association. She was trained at the Leeds Township Infirmary, and holds a certificate for invalid cookery.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.
JUNE 15TH, 1916.

1. Give a short account of "Food Values." Show how an adequate diet may be obtained at a small cost.

2. Mention any diseases which are commonly conveyed by (a) milk, (b) water. Suggest any precautions which can be taken to prevent such infection.

3. What would be your procedure in regard to measles cases occurring in your district? Describe in detail any precautions you would consider necessary.

4. What parts of the body are commonly infected by tuberculosis (a) in children, (b) adults? What are the probable predisposing causes? In dealing with such cases, what advice would you give to the patient and his friends? What precautions would you take, and what would you guard against?

5. What advice would you give to a mother as to how and when she should wean her baby? How should you endeavour to persuade her to prolong lactation, and how would you advise that the mother's milk should be supplemented?

6. Give an illustration of the work of a charitable agency with which you are familiar for the relief of poverty and distress.

THE PASSING BELL.

We regret to record the death of Sister Augustine, an English lady, who, as sister of charity in the French convent at Salonika, carried out, as reported by the *Times* correspondent in the Balkan Peninsula, a great work of beneficence in Macedonia for many years, and is deeply deplored throughout that country.

Some years ago Sister Augustine received a decoration from the King of Bulgaria. She was greatly respected and beloved by all sections of the population at Salonika.

THE HOSPITAL WORLD.

June 25th is Hospital Sunday. It is hoped that £100,000 will be gathered in, as the civil hospitals have played a splendid part in caring for the sick and wounded as well as for their families during the war. Every person out of pain should give all he can afford, at this time of great physical and mental agony, and in gratitude for all the remedial agencies at work for the saving of suffering.

THE EDITH CAVELL HOSPITAL, PARIS.

As the Editor has had a number of letters asking for information and appointments concerning this hospital, she regrets that at present she can give no further information concerning nursing posts, as the organisation is not yet in order.

NURSING ECHOES.

We have to thank a *Queen's Nurse* (E. E. P.) for a donation of 2s. 6d. to the fund for Nurse N., which now amounts to £19 18s. 6d.

It will be remembered that the Nurses' Missionary League have had it in mind for some time to organize a Nurses' Club in London. The scheme to form an Imperial Nurses' Club will be discussed on June 29th at Sunderland House, Curzon Street, W., by permission of the Duchess of Marlborough, to secure wider interest in it. H.R.H. Princess

"How often in this busy work-a-day world, in the strenuous life we live, comes a time when the realization is borne in upon us that we are not machines, mere automatons, but creatures with souls and spirits, demanding release and freedom from the humdrum monotony forced upon us by circumstances. We cry out for rest and change, for diversion and recreation. We long to fling aside cares and wearying routine. To be free and seek peace with one's self and the world. But the problems ever confronting us have been so difficult, and the solution never quite satisfying, until we have almost despaired.



THE HAVEN OF DELIGHTFUL OPPORTUNITIES.

Henry of Battenberg has consented to be Patroness, and Lady Codrington will be in the chair. The speakers will include Major General Sir Alfred Turner, K.C.B., Dr. A. J. Rice-Oxley, Miss Cox-Davies, and Major W. McAdam Eccles, R.A.M.C. (T.). The Club is to be founded as a centre for nurses, military and otherwise—in and out of London—for rest, recreation, and the meeting of friends.

Now that there is a movement to found a Nurses' Imperial Club in London, "The Haven of Delightful Opportunities," of which Miss Anna Maxwell writes so delightfully in *The Pacific Coast Journal of Nursing*, might be noted:—

"Welcome, indeed, will be the good news to those of us who have sought long, and to those who have felt the need, that at last a place has been found which so delightfully fulfils all requirements. It is easy to get to, easy to belong to, within reach of the moderate pocket-book, and charming in every essential detail. A place where one may do just as one pleases; the greatest blessing to one eternally confronted by obedience to duties and to hours.

"Let me introduce you to the Haven Country Club, at Nyack-on-Hudson, as an admirably located and efficiently managed club for professional or other self-supporting women. The Club is unique in many respects, and worthy of praise in all. It is situated 300 feet above the

Hudson, commanding a magnificent view up and down and across the river at its widest point, Tappan Zee Bay, with a clear stretch of rolling hill country at the back. The house, surrounded by four acres of ground, is an old residence impressive in its dignity, hospitality, and spaciousness. It is thoroughly equipped with every modern convenience, lighted by electricity, and heated by hot-water system and open fires. The broad verandas on the first and second floors completely encircle the house, and are furnished with hammocks and steamer chairs, supplied with warm rugs in winter, thus enabling one to enjoy the outdoor sunshine to the fullest extent.

"The table, which is abundant and temptingly delicious, is supplied with fresh vegetables and fruit from the Club's garden, and with milk and cream from the Club's Jersey cows. Special diets may be arranged for those desiring them.

"Perhaps the most important asset of the Club is that one which baffles description, and which one must feel in order to appreciate. It is the rare atmosphere of charm which is its very soul."

Lady Procter presided at a meeting of the Nurses' Union, held at Bedford House, W., on June 5th, when suggestions for the reconstruction of the Union were made, with the object of giving greater prominence to its professional side. It was explained that the meeting had no executive power. Proposals were made as to how this could be brought about, such as representation from various societies on the Committee of the Nurses' Union, and of the Union on the committees of affiliated societies. Miss A. C. Gibson suggested that the scheme should be sent round to nurses' societies before further steps were taken. Alternative names proposed for adoption were the Nurses' International Union, the Nurses' Fellowship Union, and the Nurses' Empire League. The only definite action taken was the decision to circularize societies, but the suggestion was made that the societies concerned (amongst them the Royal British Nurses' Association and the Guild of St. Barnabas) might not care to sink their identity in the Nurses' Union.

There really appears no place or use for more nurses' organizations. The National Council of Trained (Registered) Nurses affiliates all leagues and societies, and associates them in the International Council of Nurses, and we feel sure any attempt to supersede (as we hear

suggested) this fine Federation, will not meet with support from the National Associations of Nurses throughout the world who thoroughly understand nursing politics in this country. Moreover, the National Union of Trained Nurses, which organizes local branches, covers the ground where individual nurses are concerned. Much better strengthen existing organizations than add to their number.

Mr. Frederick R. Rhodes, a Christian Scientist, complains in the press that the report of an inquest gives a wrong impression of the nurses employed as Christian Scientists. Nurses are amenable to the following Church by-law:—

A member of the Mother Church, who represents himself or herself as a Christian Science nurse, shall be one who has a demonstrable knowledge of Christian Science practice, who thoroughly understands the practical wisdom necessary in a sick room, and who can take proper care of the sick. The cards of such persons may be inserted in the *Christian Science Journal*, under rules established by the publishers.

Another correspondent claims that such nurses are trained, but in addition are Christian Scientists.

Miss C. A. Derby, 144, The Mount, York, reports that £1,500 (including a gift of £1,000), have been received towards the Home of Rest for Nurses, to be established as a memorial to Miss Edith Cavell, in which her sister, Miss F. M. Scott Cavell, is interested. A country house and garden at Hindhead are offered if £10,000 can be raised to endow it, and contributions may be sent either to Miss Derby or to Miss Scott Cavell, Hull and East Riding Convalescent Home, Withernsea.

The Infirmary Committee of the North Bierley Guardians have reported that they have considered the question of the remuneration of trained nurses, and come to the conclusion that if the staff are to be retained, better payment must be given. The chairman of the committee (Mr. Sharp) accordingly gave notice that at the next meeting he would move that the commencing salary of home sisters would be £45, and that of ward sisters £40, and should rise by annual increments of £2 10s. to maxima of £50 and £45 respectively.

At a fire at Shotwick Park, Cheshire, the residence of Sir William Vernon, when considerable damage was done, Sir William, who

is an invalid, was rescued by the nurses and servants. Some valuable paintings, plate, &c., were removed to a place of safety by the splendid efforts of wounded soldiers.

We thoroughly agree with the *South African Nursing Record* in its opinion that each Dominion should be self-training in so far as its professional nurses are concerned, and agree that an article in a widely read ladies' paper in South Africa is calculated to have harmful results if those women intending to train take its advice. The paper in question states in effect that while there are good training schools in South Africa, a really satisfactory training is only to be had in the big hospitals at home, and recommends that intending probationers should go overseas whenever possible. This is very unpatriotic; every woman who loves the land of her birth should give it of her best, so that its status and prosperity should be ever on the increase. If nursing standards need twitching up in South Africa, we all know they need it in the old country. Let us all go forward, and make the nursing of the sick the best we know throughout the Empire. Let us all claim legal status from our Parliaments, try to attain the highest standards, and adopt a system of reciprocity, so that the title of "Registered Nurse" will carry with it honourable recognition in the homeland and overseas.

There is agitation in the Transvaal Provincial Council for an eight-hour day for nurses, who in some instances are overworked, but the nurses themselves are averse to it, and consider it unworkable. The opinion has been expressed that instead of spending £50,000 to £60,000 a year to put the change in operation, the sum could be advantageously utilised by increasing the existing scale of salaries. The nurses cannot make anything like adequate provision out of the salaries paid to them. They do not want less hours, but more money. As a matter of fact, in most hospitals in the S.A. Union nurses are not working more than eight hours (seven days a week).

INFANT WELFARE.

Mrs. Katharine S. Macqueen, Principal of the Royal College of St. Katharine, Bromley Hall, Brunswick Road, Poplar, E., notifies in the press that the Chapter of the Royal College of St. Katharine have decided, in conjunction with King's College for Women (University of London), to provide special training, extending over three years, for infant welfare workers. The course includes instruction in anatomy, physiology,

chemistry, physiology, and social economics, in so far as they affect infant welfare work, practical experience in health visiting and at infant consultation centres, nursing children in hospital, and midwifery training. The Royal Hospital of St. Katharine was established by Queen Matilda in 1148 as a religious foundation, and has always been under the protection and patronage of successive Queens of England. Her Majesty Queen Alexandra recently approved a scheme whereby part of the revenues have been made available for infant welfare work in Poplar in co-operation with the medical officer of health. Miss Macqueen will be glad to give any further information to those who are intending to qualify themselves in infant welfare work.

A NATIONAL DEMAND.

The tragic death of Lord Kitchener has given voice to the feelings of people high and low that the most dangerous enemies in our midst are those who have become naturalised and therefore, as Lord Beresford says, "are in a position to pose as friends."

At last mass meetings are being held to warn the Government of this feeling. The following resolution, proposed by Lady Violet Greville at Hampton Court on Sunday, was carried unanimously: "That this meeting demands that all persons of enemy origin shall be rigorously excluded from all military areas and from Government employment; and that all Germans, naturalised or unnaturalised, be interned forthwith, including those who have been released from internment; and that the British Empire Union convey this resolution to the Government."

A great demonstration, under the auspices of the British Empire Union, in Hyde Park, on the same date, carried with enthusiasm a similar resolution. General Sir Hugh McCalmont, who presided at one of the platforms, complained of the apathy of the Government in allowing 23,000 enemy aliens to remain at liberty in the country. It was highly probable that Lord Kitchener's death was brought about by German spies. There were people in high places of German nationality, and it was disgraceful that they should be at liberty.

THE STORY OF A RED CROSS UNIT.

A book by Mr. James Berry, F.R.C.S., and Mrs. Berry, Mr. W. Lyon Blease and other members of the party, entitled "The Story of a Red Cross Unit in Serbia," will shortly be published by Messrs. J. & A. Churchill. The Crown Prince of Serbia has given his photograph for reproduction, and has allowed the volume to be dedicated to him. The book deals with the recent history and the aims of the Serbs, as well as with the exciting travelling and other experiences of the mission, the establishing of hospitals, sanitation, and the treatment of a severe epidemic of typhus. The volume is illustrated by photographs.

BOOK OF THE WEEK.

"THE OLD ROAD TO SPAIN."*

We recall the writer of this book to our readers' minds as the gifted authoress of the fascinating stories "Crump Folk Going Home" and "The Lonely Plough," and, having said this, we feel that they will need no further inducement to obtain and read it. Miss Holme's great charm lies in her love of Nature, and her power of impressing its varying moods and inner meanings. These are things that are hid from the wise and prudent, and can only be interpreted by those who are willing to sit on her lap and be taught by her.

All Nature is beloved by Miss Holme—the vegetable, animal and human. She interprets the blossom of the spring, the elemental fury of the wind, and the childlike heart with equal appeal.

Two brothers—the eldest and youngest—with more than twenty years between them. Rowland, the elder, the well-beloved Squire of his village, "chatty," fussy, full of good works and duties appertaining to his position, the slave of his former sweetheart, Mrs. Garnett, who in her turn was the slave of every committee meeting, bazaar and local function that she could cram into her life, and, incidentally, into poor Rowly's.

Luis, the younger man in the diplomatic service, had just returned from a long sojourn in Spain, and was a hark back to some Spanish ancestor. Both were unmarried.

It was an unwilling return on his part, and was due to nervous breakdown and medical orders. He felt the fell side dead and depressing after the loved country of his adoption, and Rowly's fussy local busyness intolerable. He received a warm welcome from the kindly, affectionate little man, who regarded his brother with immense pride, and always alluded to his "career." But Luis, from the first drive from the station home to his brother's house, felt something above and beyond the mere natural feeling of depression in the change of surroundings. There was something, so to speak, he could not "get at," something that everyone seemed to be trying to keep from him. A flock of sheep came down from the fellsides—the horse refusing to pass them—quite a simple affair, and yet, in spite of Rowland's cheery remarks, "It isn't often they get down. Very jolly mutton they make"; his face was averted from his brother, and had nothing in common with his speech. It wore a look of awed piteousness and sheer dismay.

The flock thus coming down from the hills was the family death warning of the head of the house.

Kind, fussy Rowly was determined that his young brother should be kept in ignorance of this.

Not one, but many warnings did Rowly receive, and as the story proceeds we are won with the simple courage of the little man, in spite of his natural shrinking from death.

Here is one description of the warning.

"In and out through the trees, and the fantastic vapour winding among them like torn ribbons, or wandered banks of clouds, the grey shapes hurried and pressed, passing and repassing with soft, panting breath, and little scuffling, padding feet."

The recurrence of this experience might well unnerv the boldest.

Rowland's love disappointment in his youth had been due to these grey visitants. She, who was now Mrs. Garnett, had been dissuaded from association with such uncanny experiences.

Rowland had never replaced her even in thought, but kept up his domestic standards by pretending that there was the "Lady of the House" whose wishes it was his duty to consult.

Crane, his man-servant, who adored him, shared both his apprehensions and his simple pleasures. The bazaar held by Mrs. Garnett's desire in his beautiful gardens and on his carefully tended lawns is described with a sympathetic and descriptive pen. "He went patiently, crossing the lawn from one stuffy tent to another, to take up his post behind a large barrel and a pair of tongs, forcing himself to the part of cheerful showman, huckstering his wares. He could hear the brass band down in the park. . . . He could hear the rifle shots, too, from the gallery in the garage where Bill was in charge. . . . He began to think that he could hear other sounds as well, blurred and very far away, but gradually and certainly always drawing nearer—the pattering of little hoofs along a gravel drive. . . . He smiled kindly at the patrons of the bran tub. He was very grateful and polite when tuppences were thrust into his hand. . . . He stayed for a long time, until the barrel was empty, and his brain began to swim in slow, rocking waves, above the roll of which the patter of hoofs was always plain." Luis remonstrates with him. "Making your house like an imitation zoo!" and Rowly confesses that the damage to the lawn "hurts."

This story is so versatile and has so much to charm that we should occupy too much space if we attempted to comment on the whole, but we cannot resist the following description.

"The cornfields were losing their gold in the grey of the dusk. There would be a moon after a while, and the big sheaves would look like gold ladies and their grooms setting to partners down their yellow isles."

The most delightful book we have read for a very long while. H. H.

WORD FOR WEEK.

Service is one of the ways by which a tiny insect, like one of us, can get a purchase on the whole universe. If we find a job where we can be of use we are hitched to the star of the world and move with it.—*Cabot*.

To live is to talk with the world. Work, play, love and worship are four good ways of keeping up the conversation.—*Cabot*.

* By Constance Holme. Mills & Boon.

COMING EVENTS.

June 23rd.—Clapham Maternity Hospital: Annual Meeting, Mrs. Fawcett, LL.D., in the chair, Jeffreys Road, Clapham, S.W. 3 p.m.

June 26th to 30th. General Hospital, S.E., "Post-Graduate Week." June 26th, Reception by Matron and Staff. Tea, 4 p.m.

June 27th.—Council for the Promotion of the Higher Training of Midwives: Annual Meeting, Mansion House; the Right Hon. the Lord Mayor, in the chair. 3.30 p.m.

June 29th.—National Union of Trained Nurses. Conference on "The Present Situation in the Nursing Profession," 46, Marsham Street, Westminster, S.W. 2.30 p.m.

June 29th.—Imperial Nurses' Club: Drawing Room Meeting to secure wider interest, Sunderland House, Curzon Street, Mayfair, W. 3.30 p.m.

July 1st.—League of St. Bartholomew's Hospital Nurses. General Meeting. Clinical Theatre, St. Bartholomew's Hospital, E.C. 2.30 p.m. Social Gathering in the Great Hall. 4 p.m.

July 10th.—Women's Local Government Society. Conference of Representatives of Affiliated Associations on the Recommendations of the Royal Commission on Venereal Diseases, 88, Lancaster Gate. 3 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A FEW HOME TRUTHS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a Hospital Sister by profession, and one who has worked in a Military Hospital since the beginning of the present war, I feel I am in a position to make one or two comments on the letter in a recent issue signed "V.A.D."

In the first place I should like to say that this expression of arrogance and insolence must not be seriously taken as representing the views of the average V.A.D., if I may judge by the type of girl with whom I personally have had to do. I found her almost without exception cheerful, helpful, and willing to do anything required of her. No doubt many of them would make excellent nurses if they wished to train, but at any rate the majority have the sense to realise that nursing is a skilled profession, and as such deserves respect.

There is no trained nurse who has not worked hard for three years at least to acquire her position, and during those years of constant endeavour she has learned many useful lessons, possibly amongst them the knowledge that

unbridled snobbery and conceit are qualities that usually bring their owners into derision.

The "good manners" V.A.D. boasts of usually speak for themselves, and high breeding frequently deters its fortunate possessor from playing the part of a fool before the public gaze. The many advantages she has had might well have been expected to produce the virtues of modesty and restraint, along with the other inestimable ones she considers she had acquired.

The "leading doctors" who complimented her on "her skill and success" in dealing with "serious cases under her care," probably knew the type of woman to whom a cheap compliment is pleasing; truly it would be hard to find a better illustration of the old adage concerning a little knowledge and its dangers than this extraordinary letter furnishes. In closing I should like to remark that the qualities which a V.A.D. finds have made her so much preferred by the doctor and patient to the trained nurse are those very ones which the professional woman, alas! has had little time to cultivate. When we get an eight hours working day and the trained nurse has more leisure to follow her inclinations in the direction of the education that has produced so charming a specimen as V.A.D., we may hope to have more women of the type that she considers so admirable. Meanwhile, she might carry a little further the acuteness of perception that has enabled her to discern so clearly her own good qualities. She does not appear to have grasped that the system of long hours, much responsibility and over work is often to be blamed for the fact that the nurse is frequently robbed of her freshness and even the good looks "V.A.D." finds essential. The fault may not be all that of the individual. Education does not close with one's schooldays, and many a nurse has had, very sadly, to relinquish pursuits she would fain have followed up, but for which at the end of a long day's work she has neither energy nor opportunity. I sincerely hope the dawn of better things is at hand, and that, before long, a trained nurse may have time at her disposal to interest herself in affairs which touch the great world outside her small professional one. In the meantime may registration preserve us from this particular type of V.A.D.!

A TERRITORIAL NURSING SISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Writing from personal experience, I think the V.A.D. who wrote "Home Truths" must be an exception. All the V.A.D.s I have met have been charming women, doing all in their power for our wounded soldiers, many performing ward maids' duties, and though willing and anxious to help in every way did not wish to practise on "Tommy."

Many of them were married and they said they did not wish any amateur to nurse their husbands if they were wounded.

One very beautiful woman said, "I'll thankfully scrub floors and wash dishes till peace is

signed if a real trained nurse will look after my boy if he gets wounded."

Another said, "The work, no matter what it is, does me good, the harder the better. I prefer cleaning and serving meals, for I am neither a born nurse nor a trained one." Her husband lies buried in France.

Yours truly,
A TRAINED NURSE.

431, Oxford Street, W.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—It is, I think, a great aid to a just reply to the "precious" letter with the above title, that the authoress has concealed her identity under the *nom de plume* "V.A.D." It makes it so much easier to tell her that, whoever else she may be, whether Lady —, the Hon. Miss —, or even Miss —, she is not that "gem of purest ray serene," a gentlewoman. I have met gentlewomen in all classes of society; and, alas, have met snobs, I fear in much greater proportion.

Plenty of money and a good education are not certainly in "V.A.D.'s" case guarantees of really good breeding. There have been so many admirable replies from trained and V.A.D. nurses, that I am only concerned as a medical man, to refer to "V.A.D.'s" joy in the commendation of "leading doctors." That commendation has a very simple, and not very pleasing explanation. In a time like the present, when there are uniforms and military and naval titles for civilian doctors, there are some medical men—a small minority, I know—who play up to V.A.D. nurses of "the governing class"; waiting, with more solid hope than Mr. Micawber ever had, for "something to turn up" in the way of medical, and, above all, social advancement. One has to refer to this unpleasant aspect of the case from a doctor's point of view, because it is just the existence of this minority of the medical profession which evolves such a person as "V.A.D.," capable of writing such a vulgar letter.

A DOCTOR.

Birmingham.

OUR PROVERBIAL MUDDLING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—AS THE BRITISH JOURNAL OF NURSING appears to have the real interests of the Nursing profession at heart, may I claim a little space in which to put forward the injustice of present conditions to fever nurses. I was trained and certificated in a fever hospital in Scotland, an excellent hospital so far as practical experience in the nursing of infectious disease was concerned. We were also instructed in the theory of anatomy, hygiene, and surgical nursing, in which we were examined by the Local Government Board and certificated. When it was reported our soldiers and those of our Allies were suffering so much from fever I came to London and offered my services for typhoid in France. I was not sent, but have been doing surgical and other work in

small hospitals, whilst general trained nurses have been given fever work abroad, some, I know, who have never nursed a case of typhoid or infectious disease in their lives. Is this fair? At headquarters I was told "You are not a general trained nurse, so you are not eligible for Q.A.I.M.N.R.; those who are sent abroad must have general training (many sent have no training at all). Such nurses can pick up fever work." Now, there does seem some of our proverbial muddling in my case, which places me in a very disadvantageous position. Either I should not be led to believe that I am a trained nurse by the authorities of Fever Hospitals and the L.G.B., and I should have been advised to enter a hospital for general training—or "General" trained nurses should be made to realise they also have much to learn and are not thoroughly efficient unless they have practical experience of the nursing of infectious and other fevers. I intend to enter a general hospital in the near future, but find I must sign for a full three years' term or I cannot qualify for a certificate. Surely a wise scheme could be defined by a Registration Authority, which would obviate a six years' training—to qualify for a salary of £40 a year—as that is a quite good hospital salary. Hoping someone will sympathise with my plight,

I am, yours truly,
A POOR SPECIALIST.

PROTECTION OF INFANTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Will you permit me to draw the attention of your readers to the meeting at the Mansion House on June 27th, at 3.30 p.m., at which the Lord Mayor has consented to preside? The object is to assist the National Training School for District Midwives. At all times, but now especially, the work of those who attend a large percentage of women in their confinements and have charge of infants during the first and often critical ten days of their lives, is a matter of real national importance. To reduce infant mortality and to secure the greatest possible number of healthy children is a vital need having regard to the terrible loss of our best manhood, which must gravely affect the future progress of the country. A statement will be made by the hon. secretary Miss Alice Gregory on the progress of the institution.

Tickets can be obtained on application to the Hon. Secretary, British Hospital for Mothers and Babies, Woolwich.

Yours obediently,
101, Onslow Square, S.W. SYDENHAM.

OUR PRIZE COMPETITIONS.

July 1st.—What points should a nurse attend to in the general management of a patient suffering from valvular disease of the heart?

July 8th.—Describe briefly the object and effects of vaccination. Describe the method of introducing the lymph and the stages of development in a successful vaccination.

The Midwife.

CENTRAL MIDWIVES BOARD.

PENAL BOARD.

Special meetings of the Central Midwives Board were held at Exeter Hall, Westminster, on June 14th, 15th and 16th, for the hearing of charges alleged against certified midwives. Sir Francis Champneys presided.

WEDNESDAY, JUNE 14TH.

On Wednesday, June 14th, the following penal cases were considered and judgment given as under:—

Struck off the Roll and Certificate Cancelled.—*Esther Peacock* (No. 6145).

Cautioned.—*Susan Barratt* (No. 19780), *Jane Jones* (No. 208), *Sarah Jane Pulley* (No. 5782).

No Action Taken.—*Elizabeth Dunn* (No. 6439), *Sarah Fryer* (No. 5793), *Mary Till* (No. 34807).

One case was postponed on account of the illness of the midwife.

Final Reports.—*Elizabeth Butlin* (No. 28), *Elizabeth Read* (No. 11603). These reports being satisfactory, no further action was taken.

In the case of *Teresa Agnes Duckett* (No. 26708) she was reported to be in such a serious condition of health that she had not been able to pursue her calling. It was decided that she should remain on probation another three months or longer as it had not been possible to report upon her work.

The charge against *Midwife Dunn*, who was defended, was that a child of her patient was suffering from an infectious illness at the time of the confinement and that she neglected to undergo the disinfection of herself and her clothing required under the rules.

The midwife's defence was that though she knew the child was sick, she did not know the illness to be of an infectious character.

The Chairman considered that though the charge was technically proved, it was "just a piece of ill-luck."

Midwife Fryer, who was defended by *Sir Ryland Adkins, M.P.*, was charged with negligence on the count that the patient suffering from injuries to the soft parts and offensive lochia, "you did not explain that the case was one in which the attendance of a registered medical practitioner was required," and further that without having undergone disinfection she attended as a midwife on another woman.

Her defence was that she did not consider the case septic when she left it, and though she was recalled by a medical man to douche the woman he said nothing to her about sepsis. He admitted in his declaration that he had no opportunity to warn the midwife. He stated that there was a

deep vaginal wound, but the midwife said that when she enquired at the hospital where the patient was eventually taken she ascertained that no operation had been performed. She had destroyed her record of pulse and temperature later, when she had heard the report of the medical man, as she thought they would be a source of danger.

The Chairman said the Board considered she had done this in good faith. Also that the medical man had not informed her of the nature of the case and, in addition, they were by no means satisfied that it was a case of sepsis at all. This midwife was therefore exonerated.

Midwife Pulley was charged with notifying as stillborn a child that had lived some hours, and also that the patient, suffering from a "serious rupture of the perinæum," "you did not explain," &c.

Her explanation of the first charge was that in the form of notification of birth she had struck out the word "living" instead of the word "dead."

This was accepted by the Board as she had notified the death the next day.

Mrs. Holland, who said she was a Health Visitor and a midwife, stated she had examined the patient and considered the laceration referred to as too serious to heal by itself. The midwife considered it a slight tear, but at the time she examined the patient the light was bad.

Midwife Till was charged with negligence in regard to the cleanliness and comfort of patient and child and also that the child, being dangerously feeble, "you did not explain," &c.

This case was of some interest, the midwife attended in person. There was present the Chief Inspector of Midwives for the county and a Health Visitor, who was also an inspector of midwives.

The infant was premature, and the midwife answered the charge of failing to wash it by saying that she had bathed it with oil. It had sucked vigorously and she had it well in hand until the visit of the Health Visitor who, though an inspector, was not the inspector for her area.

The Health Visitor had ordered the child to be bottle fed. The midwife said that it was not true that the mother had no milk, but that she did not nurse it as she wished to go out to work.

The Chairman enquired of the Health Visitor why, the child being so feeble, she did not advise medical help, and said the Board did not recognise health visitors or inspectors as such, but dealt with them as midwives.

The case was gone into and considered at some length, and the Board decided that the charges were not proved.

Application for restoration to the Roll by *Elizabeth Ann Thomas* (No. 20583) was refused.

MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at Caxton House, S.W., on Thursday, June 15th, Sir Francis Champneys presiding.

A communication was received from the Privy Council forwarding a draft of the new rules. It was agreed that the Privy Council be requested to sanction the rules as amended for a period of five years from July 1st, 1916.

A letter was received from the Medical Officer of Health of Chatham, who wrote enclosing a circular addressed to all midwives practising in the district of Chatham, asking whether they would be willing to supply names and addresses of expectant mothers in order to facilitate ante-natal visiting in connection with Infant Welfare Work, and asking whether the Board was taking any action in regard to such matters. It was agreed to reply that no midwife has any right to give any information concerning her patients to anyone except with the consent of the patient, which should be expressed, if possible, in writing.

The Comptroller of the London County Council, who wrote asking the Board to fix a date when an assistant from his Department might call with a view to seeing the books and documents relating to the Board's accounts, was referred to Section 5 of the Midwives Act, and invited to address himself to the Lord President of the Council.

In relation to the suggested "covering" of uncertified women acting as midwives by a registered medical practitioner, reported by the Devon County Council, the Board recommended that the papers should be forwarded to the General Medical Council, and expressed their readiness to appear as prosecutors.

In relation to a letter from the Clerk of the Durham County Council dealing with the signing of Maternity Benefit Forms by medical practitioners, the Board expressed its readiness to represent any cases to the General Medical Council where it appeared that a medical practitioner was covering midwifery practice by uncertified women.

The Board accepted the invitation of the Board of Education to co-operate with it in approaching the Lords Commissioners of H.M. Treasury with a view to the provision of the funds necessary for providing grants in aid of the training of midwives.

APPLICATIONS.

The application of University College Hospital for recognition as a training school was granted.

The applications of the following certified midwives for approval to undertake the practical training of pupil midwives were granted:—Midwives Sybil Escombe (No. 27901), Annie Gurd (No. 1060), and Elizabeth West (No. 33557), and of Midwife Eleanor Inley (No. 7721) *pro tem*.

Next week is Post-graduate Week at the General Lying-in Hospital, York Road, Lambeth, an annual fixture of both profit and pleasure, to which many midwives look forward.

LECTURES TO MIDWIVES.

The first lecture of the Advanced Course on Midwifery, under the auspices of the London County Council, was delivered at the West London Hospital, Hammersmith, on Tuesday, June 20th, at 4.30 p.m.

The lecturer was Dr. H. J. F. Simson, and his subject was "Ante-natal Hygiene—Asepsis and Antisepsis." Dr. Simson began by saying that he regarded his audience as specialists. Specialists were those doctors and nurses who had time to think about things which an ordinary nurse or doctor had not time for. It was their business to know all that there is to know of their particular subject. Ten years ago nothing was known about ante-natal hygiene; now an enormous vista of new thought was opening up in connection with it. Like aviation, it was an entirely new job, and nurses must keep abreast with this modern point of view.

The only way to get at the unborn child was through the mother. A healthy father and mother gave the child a good start, which meant everything. When he went to the Royal Academy, he compared it in his own mind with the nursery of a maternity hospital, the many months of unseen work in the studio produced the perfect picture. If the first nine months of visible life were important, the nine months of invisible life were more important still.

He described the wonderful growth of the first ten months of life, both in weight and length. Two tiny cells that could not be seen were the beginning of life, and in three months the human foetus could be recognised. During the fifth month its weight had quadrupled; so with regard to the length, till at full time the child measured 20 inches and weighed 7 lbs.

A FINE FOOD FOR NURSING MOTHERS.

REPORT OF VIROL.

Despite the abnormal increase in the cost of manufacture and distribution with which the Company in common with all other industrial enterprises has had to contend, the Report of Virol, Ltd., for the twelve months ending March 31st shows increased profits consequent on a record increase in sales.

The gross profit amounted to £89,189 3s. 2d., as compared with £72,428 6s. 10d. for the previous twelve months.

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Notwithstanding the restrictions and difficulties incident to Export business during the period under review, the Overseas trade of the Company has shown very satisfactory expansion.

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*A.
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